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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
E-362

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name State 'A'
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER M 990 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 11-S RANGE 37-E N.M.P.M.	10. Field and Pool, or Wildcat Echols (Devonian)
15. Elevation (Show whether DF, RT, GR, etc.) 3951' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. 3½" Tubing stuck @ 3300'.
2. 5½" Casing stuck @ 2800'.
3. Backed off 3½" Tubing @ 3377' & pulled.
4. Spotted 500 sx. cement @ 4456'.
5. Spotted 700 sx. cement from 4456' to surface.
6. Installed dry hole marker & clean location 4-16-73.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 4-24-73

APPROVED BY *[Signature]* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: