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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1516	

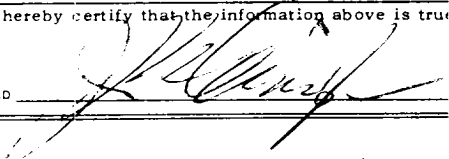
SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	
4. Location of Well L 990 West 1650 UNIT LETTER South 2 FEET FROM THE 11-S LINE AND 37-E FEET FROM THE 11-S LINE, SECTION 37-E TOWNSHIP 11-S RANGE 37-E NMPM.	
15. Elevation of Bottom when DF (DF, RT, GR, etc.) 3953	

7. Unit Agreement Name
8. Farm or Lease Name New Mex. 'AR' State
9. Well No. 2
10. Field and Pool, or Wildcat Echols (Devonian)
12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Change of Status <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.

Please change the status on subject well from pumping to ABD (Abandoned-Salvage Deferred) effective 9-26-72.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Asst. Dist. Supt.	DATE 10-4-72
APPROVED BY Orig. Signed by Joe D. Ramey	TITLE	DATE OCT 8 1972
CONDITIONS OF APPROVAL, IF ANY:		