

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65
HOBBS OFFICE D. C. C.

MAY 13

5a. Indicate Type of Lease	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	E-8835

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "CQ" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>0</u> <u>760</u> FEET FROM THE <u>South</u> LINE AND <u>2080</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>10-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Inbe-Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 1211' (DF)	12. County Lea

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"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

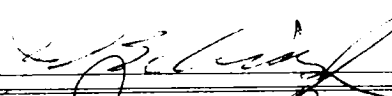
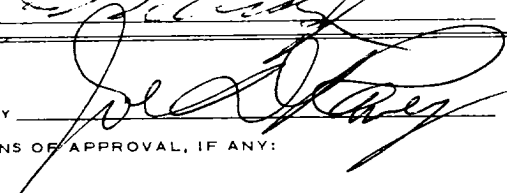
REMEDIAL WORK	<input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pumped 50 Bbls. treated water down 2 3/8" O. D. tubing. All perforations taking fluid.
2. Pulled 2 3/8" O. D. Tubing and run 2 7/8" O. D. tubing.
3. Installed Hyd Pumping equipment, and return to production.

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

SIGNED 	TITLE Assistant District Superintendent	DATE May 12, 1969
APPROVED BY 	TITLE SUPERVISOR DISTRICT 1	DATE
CONDITIONS OF APPROVAL, IF ANY:		