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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"/>	Fed <input type="checkbox"/>
5. State Oil & Gas Lease No.	
State 89019	

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 - I" (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
2. Name of Operator TEXACO INC.	8. Farm or Lease Name New Mexico "AN" State
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 5
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 22 TOWNSHIP 14-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Saunders
15. Elevation (Show whether DF, RT, GR, etc.) 4198' GR	12. County Lea

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"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

REMARKS

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - February, 1968
3. REASON FOR ABANDONMENT - Not profitable to operate.

4. FUTURE PLANS - Plug and abandon

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

Expires 10/1/75

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 10-30-74

APPROVED BY Joe D. Ramsey TITLE Asst. Dist. Supt. DATE 10-30-74

CONDITIONS OF APPROVAL, IF ANY: None