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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-1233-E	

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
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "CX" State
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>2080</u> FEET FROM THE <u>West</u> LINE AND <u>1880</u> FEET FROM THE <u>North</u> LINE, SECTION <u>34</u> TOWNSHIP <u>12-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Ranger Lake Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4173' (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"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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.

TEXACO Inc. proposes to plug and abandon subject well in the following manner.

1. Load hole with mud.
2. Spot 25 Sx. cement plug from 10,220' to 10,322'.
3. Spot 10 Sx. plug at surface. No casing will be recovered.

→ 75 SXS

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

SIGNED <u>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>November 20, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR</u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		