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

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 22 1 05a. PM 1968

3a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
None

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
None

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.
9

4. Location of Well

UNIT LETTER ___C___ . ___660___ FEET FROM THE ___North___ LINE AND ___1980___ FEET FROM

10. Field and Pool, or Wildcat
Saunders

THE ___West___ LINE, SECTION ___22___ TOWNSHIP ___14-S___ RANGE ___33-E___ NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4223' (D. F.)

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 [ ]   PLUG AND ABANDON [ ]   REMEDIAL WORK [ ]   ALTERING CASING [ ]

TEMPORARILY ABANDON [ ]   COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]   CASING TEST AND CEMENT JOB [ ]

OTHER Shut Well In   [X]

OTHER _____ [ ]

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.

Subject well will be shut in effective 7:00 A. M., August 22, 1968. It
is requested that subject well be reclassified from its present producing
status to TR-O, To Be Reconditioned - Held for future remedial work.

It is further requested that C-103, dated May 31, 1968, and approved June 3, 1968,
NOTICE OF INTENTION TO: Perform remedial work be cancelled as proposed work
will not be performed at the present time.

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 August 21, 1968

APPROVED BY Leslie N. Clements   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: