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# NEW MEXICO OIL CONSERVATION COMMISSION

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

4. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-9765</b>

## 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 <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>New Mexico 'AS' St NCT-1</b>
3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>A</b> <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM THE <b>North</b> LINE, SECTION <b>6</b> TOWNSHIP <b>15S</b> RANGE <b>32E</b> NMPM.	10. Field and Pool, or Wildcat <b>Tulk (Wolfcamp)</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4325' (DF)</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER **Shut well in** ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 was shut-in effective 7:00 AM October 27, 1969. It is requested that the well be re-classified from its present producing status to TR-0 (To Be Reconditioned - Oil) - Held for remedial work.

It is further requested that the allowable for subject well be set @ zero (0).

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

SIGNED <u>W.E. Morgan</u>	TITLE <u>District Superintendent</u>	DATE <u>October 27, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		