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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. B-4287	

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 West Lovington Unit	
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name West Lovington Unit	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 33, TOWNSHIP 18S, RANGE 36E, NMPM.		10. Field and Pool, or Wildcat Lovington San Andres West	
15. Elevation (Show whether DF, RT, GR, etc.) 3907' 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 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 Extension Request <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <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

- WELL STATUS - Shut In Oil
- TEMPORARY ABANDONMENT DATE - December, 1973
- REASON FOR ABANDONMENT - Water Breakthrough
- FUTURE PLANS - A log will be run to evaluate well for possible Tertiary Recovery .
- DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10/1/76

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

SIGNED	TITLE Asst. Dist. Supt.	DATE 10-7-75
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

11/11/11