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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Encl. C-16

APR 15

2 14 PM '69
State of New Mexico
Fee ☐

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSAL TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. State Oil & Gas Lease No. State-471483
2. Name of Operator TEXACO Inc.	7. Unit Agreement Name None
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	8. Farm or Lease Name New Mexico (DD&B) Sta
4. Location of Well UNIT LETTER H 2310 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 18-S RANGE 37-E NMPM.	9. Well No. 2
15. Elevation (Show whether DF, RT, GR, etc.)	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 type="checkbox"/>	REMEDIAL WORK <input checked="" 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 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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production rods and tubing.
2. Ran Tubing W/Bit and cleaned casing wall to 3932'. Logged Well.
3. Ran Lynes Open Hole BP and set @ 4074'. Dumped 3' of Hydromite on top of BP.
4. Installed pumping equipment, tested well, and returned well to production

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

Assistant District
superintendent

SIGNED _____

TITLE _____

DATE April 15, 1969

APPROVED BY _____

TITLE SUPERVISOR DISTRICT 1

APR 17 1969

CONDITIONS OF APPROVAL, IF ANY: