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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-1258-1

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "AE" State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico, 88241-0728	9. Well No. 20
4. Location of Well UNIT LETTER M 920 FEET FROM THE South LINE AND 916 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 3996' (GR)	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 type="checkbox"/> ALTERING CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
OTHER Shut-in <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.**
- TEMPORARY ABANDONMENT DATE - **July 15, 1981.**
- REASON FOR ABANDONMENT - **Pump stuck in hole.**
- FUTURE PLANS - **Held for remedial work.**
- DATE OF FUTURE WORKOVER OR PLUGGING - **3rd Quarter 1982.**

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

SIGNED *J. A. Schaffer* TITLE Asst. Dist. Manager DATE 8/13/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: Expires 8/17/82