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LAND OFFICE	
OPERATOR	

# 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 ☒ Fee ☐

5. State Oil & Gas Lease No.  
B-1258-1

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT - FORM C-1011 FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator  
TEXACO INC.

3. Address of Operator  
P. O. Box 728 - Hobbs, New Mexico 88240

4. Location of Well  
UNIT LETTER A 990 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 11 TOWNSHIP 18-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4007' (DF)

7. Unit Agreement Name

8. Form or Lease Name  
New Mexico "AE" State

9. Well No.  
13

10. Field and Pool, or Wildcat  
Vacuum Abo Reef

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"/>
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 JOB <input type="checkbox"/>	OTHER <u>Shut-In Well</u> <input checked="" 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 1703.

## REMARKS

- Well Status - TR-0 (To Be Reconditioned-Oil)
- Temporary Abandonment Date - November, 1976
- Reason for Abandonment - Stuck tubing
- Future Plans - Remedial work is to be performed to free stuck tubing and repair gas lift valves.
- Date of Future Workover or Plugging - First Quarter, 1977

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 11-30-76

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: