

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-1258-1</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.)

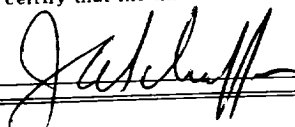
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator <b>TEXACO Inc.</b>		8. Farm or Lease Name <b>N.M. "AE" State</b>
3. Address of Operator <b>P. O. Box 728 - Hobbs, New Mexico 88240</b>		9. Well No. <b>17</b>
4. Location of Well UNIT LETTER <b>J</b> <b>1720</b> FEET FROM THE <b>East</b> LINE AND <b>2240</b> FEET FROM THE <b>South</b> LINE, SECTION <b>11</b> TOWNSHIP <b>18S</b> RANGE <b>34E</b> NMPM.		10. Field and Pool, or Wildcat <b>Valley Oil</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4006' (DF)</b>		12. County <b>Lea</b>

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Change of Status</b>

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.

**Please change the status on subject well from pumping to ASD (Abandoned - Salvage Deferred) June 13, 1974.**

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 **June 24, 1974**

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: