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LAND OFFICE		
OPERATOR		

NEW ICA 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. E-9721
7. Unit Agreement Name
8. Farm or Lease Name New Mexico 'CR' State
9. Well No. 2
10. Field and Pool, or Wildcat Lusk Strawn
12. County Lea

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
TEXACO Inc.

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

3. Location of Well
UNIT LETTER P 885 FEET FROM THE East LINE AND 885 FEET FROM
THE South LINE, SECTION 32 TOWNSHIP 19-S RANGE 32-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3546' DF

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <u>Extension Request</u> <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - October, 1964
3. REASON FOR ABANDONMENT - Drilled Dry
4. FUTURE PLANS - Plug and Abandon
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Ex. 11/1/77

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 11-13-75

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL IF ANY: