DPIES RECEIVED	_			Form C-103	· س	
ISTRIBUTION				Supersedes Old C-102 and C-103		
A TE	NEW max	XICO OIL CONSERVATION	COMMISSION -	Effective 1-1-6	15	
	-{			5a. Indicate Type	of Lease	
.S.) OFFICE	-			State X	Fee [
RATOR				5. State Oil & Gas	Lease No.	
	٦			B-1306-1		
SUND	RY NOTICES AND	REPORTS ON WELLS		MITTELL	MMA	
(DO NOT USE THIS FORM FOR PAUSE "APPLICA	ROPOSALS TO DRUIL OR TO	DEEPEN OR PLUG BACK TO A DIFF RM C-101) FOR SUCH PROPOSALS.	ERENT RESERVOIR.	<u>VIIIIIII</u>		
DIL WY GAS		,		7. Unit Agreement	; Name	
WELL LAM WELL LA	OTHER-	·		0 5	V (V 0)	
ime of Operator					New Mexico "R" State	
TEXACO Inc.					"K" State	
P. O. Box 728, Hobbs, New Mexico 88240				9. Well No.	:	
ocation of Well					10. Field and Pool, or Wildcat	
P 560 Fact 487					Vacuum Abo	
UNIT LETTER FEET FROM THE LINE ANDTOT FEET FROM					nmmi	
THE South LINE, SECT	TION TO	WNSHIP 18S RANGE	34E NMPM			
	15. Elevati	on (Show whether DF, RT, GR,	etc.)	12, County		
	7/////	3996' DF		<u>Lea</u>	<u> </u>	
Check	Appropriate Box	To Indicate Nature of N	-			
NOTICE OF I	INTENTION TO:		SUBSEQUEN	T REPORT OF:		
			—			
PERFORM REMEDIAL WORK	PLUG :	AND ABANDON REMEDIAL W	F		NG CASING	
EMPORARILY ASANDON	CHANG		T AND CEMENT JOB	" PLUG A	NO ABANDONMENT	
PULL OR ALTER CASING	CHANG	OTHER_	T XND CEMENT DED			
OTHER Extension Reque	:st	X				
7. Describe Proposed or Completed (work) SEE RULE 1f03.	Operations (Clearly state	e all pertinent details, and give	pertinent dates, including	g estimated date of s	tarting any proposed	
REHARKS	• •					
7 1511 677716		5 6 1		** · · ·		
1. WELL STATUS -	Abandoned Salv	vage Deferred		·		
		September, 1969	2.70			
3. REASON FOR ABAN	DOMUERI - NOT	profitable to oper	ate			
4. FUTURE PLANS -	Well is to be	used in a secondar,	v recovery wate	rflood projec	^ † .	
4. 1010KE 1 E/MO	11011 13 00 DC	asca in a secondar	j recovery made	irrood projet		
5. DATE OF FUTURE	WORKOVER OR PL	UGGING - 1977				
			· /2			
			2000	100		
			Expires	10-1-	\mathcal{I}_{0}	
			•		, Q	
8. I hereby certify that the information	on above is true and com	plete to the best of my knowled	ige and belief.			
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1					
Joseph John	K	_ TITLE Asst. Dist.	Supt	DATE 10-7-	-75	
1						
	of the	Øild G				
ilies 🚉	ិ .2 ប្រជ ិ ទ			DATE	1	

CONDITIONS OF APPROVAL, IF ANY: