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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. D-3936-1
7. Unit Agreement Name
8. Farm or Lease Name (HCT-4) State of New Mexico "AA"
9. Well No. 1
10. Field and Pool, or Wildcat Vacuum Abo Reef
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.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Dry Hole

2. Name of Operator  
TEXACO Inc.

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

4. Location of Well  
UNIT LETTER H 1820 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 10 TOWNSHIP 18S RANGE 34E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4012' GR

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

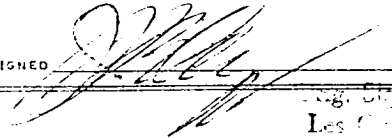

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

## REMARKS

1. WELL STATUS - Shut in
2. TEMPORARY ABANDONMENT DATE - July, 1964
3. REASON FOR ABANDONMENT - Dry Hole
4. FUTURE PLANS - Plug and Abandon
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

*Expires 10-1-76*

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 10-7-75
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		