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# 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-3936-1

## 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: Dry hole	7. Unit Agreement Name
2. Name of Operator TEXACO INC.	8. Farm or Lease Name State of N.M. "AA" (NCT-4)
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 1
4. Location of Well UNIT LETTER H, 1820 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Willcat Vacuum Abo Reef
15. Elevation (Show whether DF, RT, GR, etc.) 4012' GR	12. County Lea

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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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 JOBS <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 - 1975

*Expires 10/1/75*

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 October 29, 1974

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: