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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-1306-1	

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 58240
4. Location of Well UNIT LETTER <u>N</u> <u>210</u> FEET FROM THE <u>South</u> LINE AND <u>1420</u> FEET FROM THE <u>West</u> LINE, SECTION <u>1</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3994' GR

7. Unit Agreement Name Vacuum Grayburg San Andres Unit
8. Name of Lease Name Vacuum Grayburg San Andres Unit
9. Well No. 5
10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
12. County Lea

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 JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change Lease Name & Well No.
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.

Please Change Lease Name & Well No. from New Mexico

'R' State NCT-3 No. 23 to Vacuum Grayburg San Andres Unit

Well No. 5.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Joe D. Ramsey</u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>2-13-73</u>
APPROVED BY <u>Joe D. Ramsey</u>	TITLE <u>Dist. I Supt.</u>	DATE <u>2-13-73</u>
CONDITIONS OF APPROVAL, IF ANY:		