

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

COPIES RECEIVED	
DISTRIBUTION	
DATE	
TIME	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-4120	

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well		7. Unit Agreement Name
2. Name of Operator TEXACO INC.		8. Farm or Lease Name West Lovington Unit
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240		9. Well No. 43
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 17S RANGE 36E N.M.P.M.		10. Field and Pool, or Wildcat West Lovington San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3910' DF		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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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 checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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 Injector
2. TEMPORARY ABANDONMENT DATE - April, 1973
3. REASON FOR ABANDONMENT - Collapsed Casing

4. FUTURE PLANS - Remedial work will be preformed to return well to injection.

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

*Expir 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 10-22-74

APPROVED BY Joe D. Ramsey TITLE Dist. I. Supv. DATE

CONDITIONS OF APPROVAL, IF ANY: