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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 ☒ Fee ☐

5. State Oil & Gas Lease No.  
**B-7016**

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR REDEVELOP A WELL OR TO A DIFFERENT RESERVOIR.  
(SEE APPLICATION FOR PERMIT TO DRILL C-1011 FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Water Injection</b>	7. Unit Agreement Name <b>West Lovington Unit</b>
2. Name of Operator <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>West Lovington Unit</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>47</b>
4. Location of Well UNIT LETTER <b>D</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>9</b> TOWNSHIP <b>17-S</b> RANGE <b>36-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Lovington San Andres West</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3876' (GR)</b>	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

1. Pull injection tubing & packer.
2. Drill out fill to 5023' (PBTD).
3. Test casing w/500# for 30 minutes. Tested O.K..
4. Ran tubing & packer.
5. Test & return to Injection.

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 July 8, 1976

APPROVED BY  TITLE Supv. DATE JUL 9 1976

CONDITIONS OF APPROVAL, IF ANY: None