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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. <b>B-1056-1</b>
7. Unit Agreement Name -
8. Farm or Lease Name <b>TEXACO-Shell State Com.</b>
9. Well No. <b>1</b>
10. Field and Pool, or Wildcat <b>Vacuum Abo North</b>
12. County <b>Lea</b>

**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 <b>TEXACO Inc.</b>
3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1833</b> FEET FROM THE <b>South</b> LINE AND <b>1845</b> FEET FROM THE <b>East</b> LINE, SECTION <b>25</b> TOWNSHIP <b>17-S</b> RANGE <b>34-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4,009' DF</b>

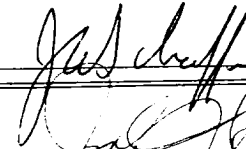
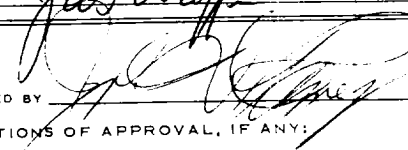
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> <b>Shut well in</b> <input checked="" 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.

The status of this well was changed from pumping to ASD (Abandoned-Salvage Deferred), effective February 24, 1971.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED 	TITLE <b>Assistant District Superintendent</b>	DATE <b>February 25, 1971</b>
APPROVED BY 	TITLE <b>DISTRICT SUPERINTENDENT</b>	DATE <b>MAR 1 1971</b>
CONDITIONS OF APPROVAL, IF ANY:		