

NO. OF INTERESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

JIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

30. Indicate Type of Lease  
State ☒ Fee ☐  
3. State Oil & Gas Lease No.  
B-1565

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 ☒ GAS WELL ☐ OTHER ☐  
2. Name of Operator  
Texaco Producing Inc.  
3. Address of Operator  
P. O. Box 728, Hobbs, New Mexico 88240  
4. Location of well  
UNIT LETTER 0 330 FEET FROM THE South LINE AND 1652 FEET FROM  
THE East LINE, SECTION 16 TOWNSHIP 17-S RANGE 36-E N.M.P.M.

7. Unit Agreement Name  
8. Farm or Lease Name  
New Mexico "BM" St.  
9. Well No.  
1  
10. Field and Pool, or Wildcat  
Double A Abo Lower  
12. County  
Lea

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 ☐  
OTHER Change Operator & Lease Name ☒

SUBSEQUENT REPORT OF:  
REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

17. Describe Proceed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

A Drilling Permit for the New Mexico "I" State Well No. 1 was approved on December 5, 1986.

We respectfully request approval to change the operators name from Texaco Inc. to Texaco Producing Inc. and to change the Lease name from the New Mexico "I" State to New Mexico "BM" State. The well number will remain the same as well as the location and drilling program. A revised C-102 with the operator name and Lease name changes is attached.

The well is being drilled at this time.

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

Signed L. J. Seeman TITLE Dist. Petr. Engr. DATE 1/08/87

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 12 1987  
CONDITIONS OF APPROVAL, IF ANY:

All distances must be from the outer boundaries of the Section.

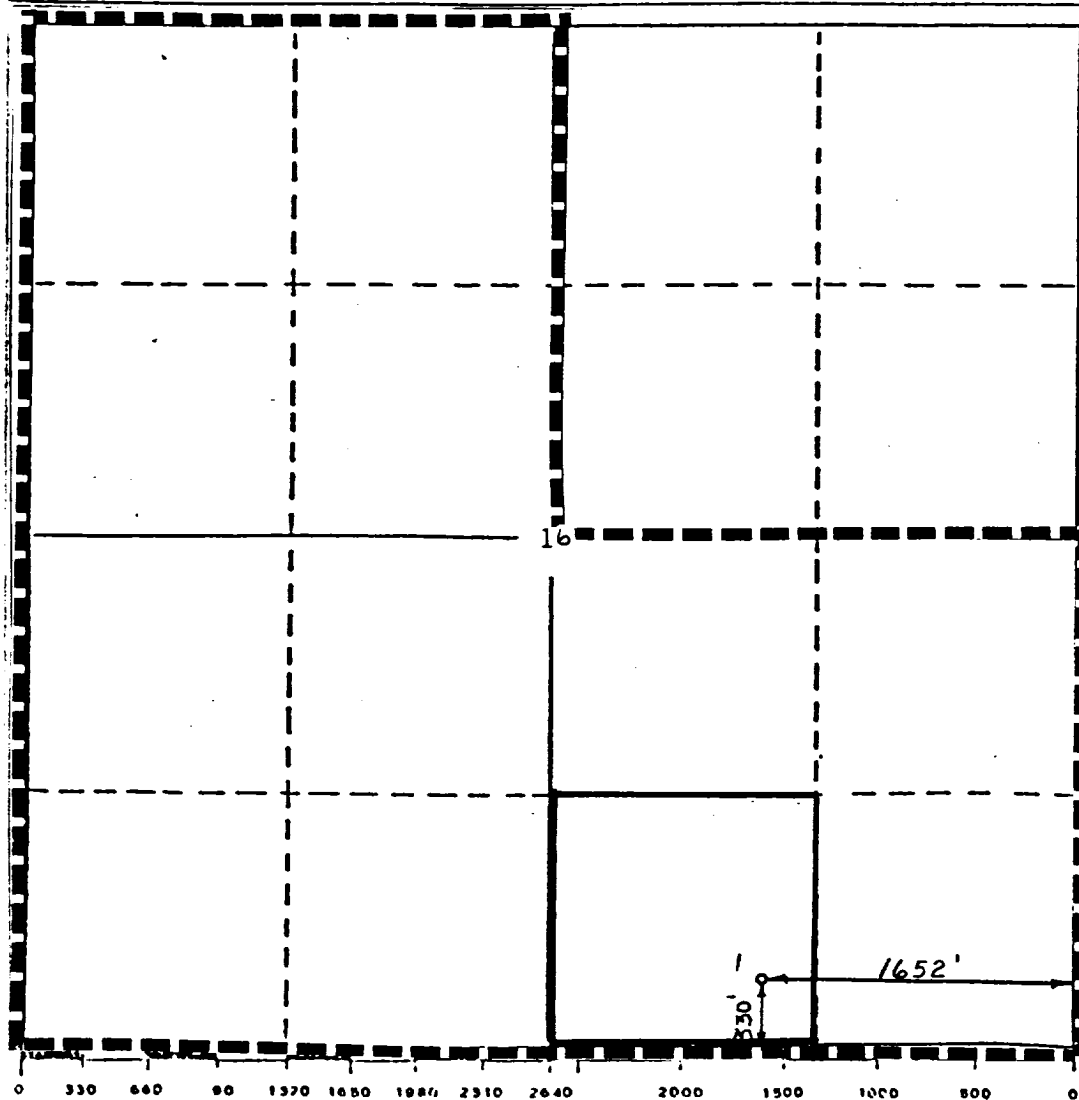
Operator <b>TEXACO PRODUCING INC.</b>		Lease <b>New Mexico "BM" State</b>		Well No. <b>1</b>
Unit Letter <b>0</b>	Section <b>16</b>	Township <b>17-S</b>	Range <b>36-E</b>	County <b>Lea</b>
Actual Postage Location of Well: <b>330</b> feet from the <b>South</b> line and <b>1652</b> feet from the <b>East</b> line				
Ground Level Elev. <b>3858'</b>	Producing Formation <b>ABO Detrital</b>	Pool <b>Double A ABO Lower</b>		Dedicated Acreage: <b>40</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

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

*B. L. Eiland*

Name  
**B. L. Eiland**

Position  
**Division Surveyor**

Company  
**TEXACO INC.**

Date  
**December 3, 1986**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**November 17, 1986**

Registered Professional Engineer  
and/or Land Surveyor  
*B. L. Eiland*  
**B. L. Eiland**

Certificate No. **4386**

RECEIVED

JAN 9 1987

OCD  
HOURS OFFICE