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LAND OFFICE	
OPERATOR	

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

Form C-103  
Revised 10-1-7

5a. Indicate Type of Lease

State ☐Fee ☒

5. State Oil &amp; Gas Lease No.

## 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 checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name J. W. Cooper
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER <u>G</u> <u>3641.7</u> FEET FROM THE <u>South</u> LINE AND <u>3631.3</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Eumont Yates 7 Rivers</u> <u>Queen (Gas)</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3564' (GR)	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 <u>Return Well to Production</u> <input checked="" type="checkbox"/>
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.

1. RIGGED UP. INSTALL BOP.
2. CLEAN OUT. INSTALLED PLUNGER LIFE.
3. TEST AND PLACE ON PRODUCTION.

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 Mgr DATE 7-5-84  
ORIGINAL SIGNED BY JERRY SEXTON  
APPROVED BY DISTRICT SUPERVISOR TITLE \_\_\_\_\_ DATE JUL - 6 1984  
CONDITIONS OF APPROVAL, IF ANY: