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FE

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-100  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

S.S.C.S.

LAND OFFICE

OPERATOR

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator <b>TEXACO Inc.</b>		8. Farm or Lease Name <b>E.H.B. Phillips</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>D</b> <b>650</b> FEET FROM THE <b>North</b> LINE AND <b>650</b> FEET FROM <b>West</b> LINE, SECTION <b>10</b> TOWNSHIP <b>20-S</b> RANGE <b>37-E</b> N.M.P.M.		10. Field and Pool, or Well Unit <b>Elmont Queen (Gas)</b>
11. Elevation (Show whether DF, RT, GR, etc.) <b>3544' DF</b>		12. County <b>Lea</b>

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 checked="" 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"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

13. Operations 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. Cut salt and iron sulfide from tubing.
2. Treated w/ 3 Bbls. fresh water, swabbed tubing.
3. Treated w/ 10 Bbls. fresh water and 5 gals. Tret-O-Lite OW77.
4. Swabbed and returned to production 2-19-74.

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

SIGNED *C. H. Smith* TITLE Asst. Dist. Supt. DATE 2-21-74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: