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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
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SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>			
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator		8. Farm or Lease Name	
TEXACO Inc.		C.H. WEIR "B"	
3. Address of Operator		9. Well No.	
P.O. BOX 728 - HOBBS, NEW MEXICO 88240		4	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER <u>I</u> , <u>2044</u> FEET FROM THE <u>South</u> LINE AND <u>600</u> FEET FROM		SKAGGS DRINKARD	
THE <u>EAST</u> LINE, SECTION <u>11</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
3591' DF		LEA	

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

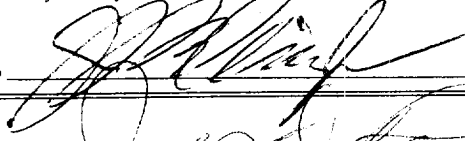
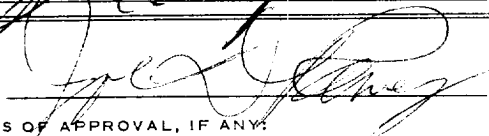
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Shut In Drinkard Zone</u>	<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.

SET CIBP @ 6800' AND RECOMPLETE IN EAST WEIR PLINEDRY.

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

SIGNED 	TITLE <u>Assistant District Superintendent</u>	DATE <u>October 21, 1970</u>
APPROVED BY 	TITLE <u>Assistant District Superintendent</u>	DATE <u>OCT 23 1970</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

OCT 22 1970

OIL CONSERVATION COMM.
HOBBBS, N. H.