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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 12 4 10 AM '69

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. --
7. Unit Agreement Name --
8. Farm or Lease Name C.H. Weir 'A'
9. Well No. 7
10. Field and Pool, or Wildcat Skaggs Drinkard
12. County Lea

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 TEXACO Inc.
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>L</u> , <u>1985</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3578' (DF)

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

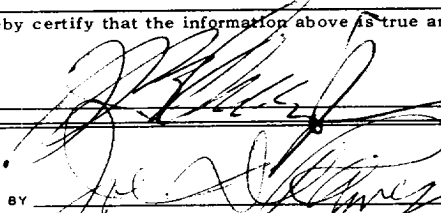
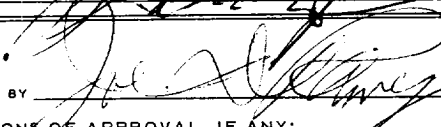
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>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

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.

Unable to pull tubing. Well shut-in effective August 2, 1969. Well to be held for future remedial work.

Request that the allowable be set at Zero (0).

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>August 12, 1969</u>
APPROVED BY 	TITLE _____	DATE <u>AUG 13 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		