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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-160

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"/>	7. Unit Agreement Name None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "H" St. NCT-1
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 9
4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3545' (Ground Level)	12. County 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 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 JOBS <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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production rods and tubing.
2. Pumped 500 gals. 1 step gyptron w/22 Bbls. lease crude down 2 1/2" tubing.
3. Shut in 24 hours and return to production.
4. Squeezed 110 gals. Champion T-27 inhibitor w/5 gals. demulsifier down tubing and followed w/60 Bbls. fresh water.
5. Test and return well to production.

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

SIGNED [Signature] TITLE Assistant District Superintendent DATE February 5, 1969
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: