

COPIES RECEIVED		
TRIBUTION		
FE		
E		
S.G.S.		
AND OFFICE		
PERATOR		

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.)

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 N. M. 'H' St. NCT-3
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 25
4. Location of Well UNIT LETTER D , 992 FEET FROM THE North LINE AND 957 FEET FROM West THE 19 LINE, SECTION 20-S TOWNSHIP 37-E RANGE 37-E NMMP.		10. Field and Pool, or Wildcat Eumont Queen (Gas)
15. Elevation (Show whether DF, RT, GR, etc.) 3550' DF		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"/>	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"/>	OTHER <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. Cut salt and iron sulfide from tubing.
2. Treated w/ 2 Bbls. Xylene mixed w/ 10 Bbls. water and 5 gals. Tret-O-Lite OW77.
3. Swabbed and returned to production 2-16-74.

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

ED <u><i>[Signature]</i></u>	TITLE Asst. Dist. Supt.	DATE 2-21-74
OVER BY <u><i>[Signature]</i></u>	TITLE Asst. Dist. Supt.	DATE 2-21-74
CONDITIONS OF APPROVAL, IF ANY:		