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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 checked="" type="checkbox"/> For <input type="checkbox"/>
5. State Oil & Gas Lease No. B-160
7. Unit Agreement Name None
8. Farm or Lease Name New Mexico "H" St. NCT-2
9. Well No. 15
10. Field and Pool, or Wildcat Eunice Grayburg San Andre
12. County Lea

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <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"/>	
2. Name of Operator TEXACO Inc.	
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 20-S RANGE 37-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	

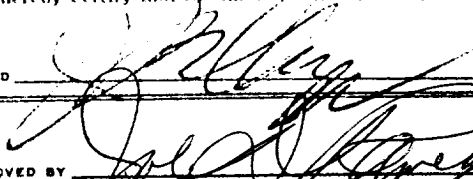
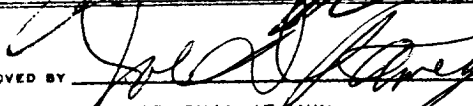
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <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.

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Shut Well In for 24 Hours.
2. Pumped mixture of 165 gals. Champion Gyptrom C-30 and 4 Bbls. fresh water down well and flushed W/18 barrels of lease crude.
3. Allow mixture to set 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 	TITLE Assistant District Superintendent	DATE April 22, 1969
APPROVED BY 	TITLE SUPERVISOR DISTRICT	DATE
CONDITIONS OF APPROVAL, IF ANY:		