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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
7. Unit Agreement Name
8. Farm or Lease Name Eunice Monument Unit
9. Well No. 15
10. Field and Pool, or Wildcat Eunice Monument (G-SA)
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 ☐ GAS WELL ☐ OTHER- Injection Well

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER E, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 20S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)
3535' 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 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 Extension Request <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

REMARKS

- WELL STATUS - Shut In Injector
- TEMPORARY ABANDONMENT DATE - September, 1972
- REASON FOR ABANDONMENT - Do not need to inject into well until Unit is expanded.
- FUTURE PLANS - Well will be returned to injection when Unit is expanded.
- DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10-1-76

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

SIGNED <i>[Signature]</i>	TITLE Asst. Dist. Supt.	DATE 10-7-75
APPROVED BY <i>[Signature]</i>	TITLE <i>[Signature]</i>	DATE OCT 1975

CONDITIONS OF APPROVAL, IF ANY: