PAGE DICTOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE			Form C-103 Supersedes Old
DISTRIBUTION SANTA TE			C-102 and C-103
FILE	NEW MEXICO DE CON.	SERVATION COMMISSION	Effective 1-1-85
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR .			5. State Oll & Gas Lease No.
·	<u></u>		В :160
SU	NDRY NOTICES AND REPORTS ON	IWELLS	mmmmmmm .
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,	,		7. Unit Agreement Name
WELL X GAS WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
TEXACO Inc.			NM "H" State (NCT-1)
3. Address of Operator			9. Well No.
P. O. Box 728, Hobbs, New Mexico 88240			1'
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM			Eunice Monument (G SA)
THE East LINE, S	ECTION 31 TOWNSHIP 20S	RANGE 37E NMPM.	
ATTENTION OF THE PROPERTY OF T	15. Elevation (Show whether	Dr Dr CD	
			12. County
A1111111111111111111111111111111111111		50'	Lea (IIIIIII)
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE O	FINIENTION TO:	SUBSEQUENT	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORAHILY ABANDON	PEOG AND ABANJON	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
OTHER			
OTHER Extension Request			
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 1703.			
REMARKS			
1. WELL STATUS - Shut In-Oil			
2. TEMPORARY ABANDONMENT DATE - January, 1974			
3. REASON FOR ABANDONMENT - Well not profitable to operate.			
4. FUTURE PLANS - Well will be used in the Eunice Monument waterflood project.			
5. DATE OF FUTURE WORKOVER OR PLUGGING -			
5. DATE OF FOTORE HORROVER OR FEDERALING 2			
Expires 10-1-76			
24) Nis 10-1-16			
		r	
13. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	/		
SIGNED	TITLE ASS	t. Dist. Supt.	DATE 10-7-75
1/00	State of Marie		3 14
			斯 斯
APPROVED BY	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: