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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

11/11/69 4 10 AM '69

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		4a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator TEXACO Inc.		5. State Oil & Gas Lease No. None
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		7. Unit Agreement Name None
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 30 TOWNSHIP 21-S RANGE 37-E NMPM.		8. Farm or Lease Name V. M. Henderson
15. Elevation (Show whether DF, RT, GR, etc.) 3490' (DF)		9. Well No. 9
12. County Lea		10. Field and Pool, or Wildcat Penrose Skelly

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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Shut In Well <input checked="" 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 status of this well was changed from Pumping to TR-O effective 8-7-69.
This well is being held for secondary recovery.

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

SIGNED <u><i>[Signature]</i></u>	TITLE Assistant District Superintendent	DATE 8-7-69
APPROVED BY <u><i>[Signature]</i></u>	TITLE SUPERVISOR DISTRICT	DATE AUG 11 1969
CONDITIONS OF APPROVAL, IF ANY:		