

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION OFFICE O. C. C.

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

AUG 8 4 11 AM '69

5. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
None	
7. Unit Agreement Name	
None	
8. Farm or Lease Name	
V. M. Henderson	
9. Well No.	
10	
10. Field and Pool, or Wildcat	
Penrose Skelly	
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 <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 <u>D</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3503' (DF)

### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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-0 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>[Signature]</u>	TITLE <u>Assistant District Superintendent</u>	DATE <u>8-7-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>AUG 11 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		