

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Dry Hole

Name of Operator
TEXACO Inc.

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

Location of Well
UNIT LETTER E, 990 FEET FROM THE West LINE AND 1654 FEET FROM
THE North LINE, SECTION 13 TOWNSHIP 20S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3566' DF

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. -
7. Unit Agreement Name -
8. Farm or Lease Name L. R. Kershaw
9. Well No. 111
10. Field and Pool, or Wildcat Blinebry & Tubb
12. County Lea

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 JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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 - Abandoned Salvage Deferred
- TEMPORARY ABANDONMENT DATE - February, 1956
- REASON FOR ABANDONMENT - Dry upon initial completion
- FUTURE PLANS - To be used for Secondary Recovery
- DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10-1-76

3. 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	DATE
CONDITIONS OF APPROVAL, IF ANY:		