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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-1638-1	

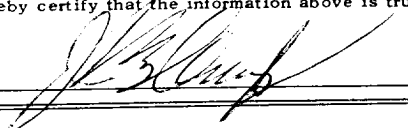
SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well	7. Unit Agreement Name Eunice Monument Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240	9. Well No. 24
4. Location of Well UNIT LETTER I 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 19 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Eunice Monument Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3519' GR	12. County Lea

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 <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Change of Status	

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.

Please change the status on subject well from INJ (Injection) to SI-INJ (Shut-In Injection) effective April 1, 1974.

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

SIGNED 	TITLE Assistant District Superintendent	DATE 4-3-74
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____		