

NO. OF COPIES RECEIVED	
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

May 2 2 23

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	B-159

## 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"/>	7. Unit Agreement Name None
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "BZ" State NOT-5
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>29</u> TOWNSHIP <u>21-S</u> RANGE <u>35-E</u> N.M.P.M.	10. Well and Pool, or Wildcat San Simon Yates North
15. Elevation (Show whether DF, RT, GR, etc.) 3672' (D. F.)	12. County Lea

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

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER Change of Status ☒  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Subject well was shut in April 8, 1965, Held For remedial work.  
Monthly proration schedule indicates that No C-116 was filed  
on subject well. It is requested that status be changed to  
indicate that the well is shut in.

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

SIGNED <u>[Signature]</u>	TITLE Assistant District Superintendent	DATE May 1, 1969
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE MAY 5 1969
CONDITIONS OF APPROVAL, IF ANY:		