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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 type="checkbox"/>	Fes <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator TEXACO INC.		8. Farm or Lease Name J. K. Rector
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240		9. Well No. 3
4. Location of Well UNIT LETTER J, 2310 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 21S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Eumont Queen (Gas)
15. Elevation (Show whether DF, RT, GR, etc.) 3625' DF		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 <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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.


REMARKS

1. WELL STATUS - TR-NG (To Be Reconditioned-Natural Gas)
2. TEMPORARY ABANDONMENT DATE - April, 1966
3. REASON FOR ABANDONMENT - Producing Water
4. FUTURE PLANS - Remedial work will be performed to shut off water.

5. DATE OF FUTURE WORKOVER OR PLUGGING - August, 1975

Expires 10/1/75

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

SIGNED 	TITLE Asst. Dist. Supt.	DATE 10-18-74
APPROVED BY	TITLE	DATE OCT 24 1974
CONDITIONS OF APPROVAL, IF ANY: Dist. I, Supv.		