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CONTRIBUTION		
FE		
LAND OFFICE		
OPERATOR		

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"/>	Fee <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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Mittie Weatherly
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER E , 1980 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 21S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 3485 GR	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 type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Recomplete in Eunice N. San Andres Gas <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.

1. Pulled tubing.
2. Ran CIBP and set @ 5500'. PBTD 5470'. Dumped 3 sacks cement on plug 5500'-5470'.
3. Tubb zone abandoned. Producing from Eunice N. San Andres Gas zone.

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

SIGNED *J. Schuff* TITLE Asst. Dist. Supt. DATE July 9, 1974

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
