## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

40. 40 649169 44461748				
DISTRIBUTION				
SANTA FE				
FILE				
V.1.0.1.				
LANG OFFICE				
OPERATOR	T			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form	C-	103	
Revie		10-	1_

CONDITIONS OF APPROVAL, IF ANY:				
ORIGINAL SIGNED BY JERRY SEXPON	007 0 1 100G			
W.B. hh Title Dist. Operations Manage	er DATE 10/28/86			
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
· NODRAGO TARY ABANDON _ 4	4p-11-1-27			
5. DATE OF FUTURE WORKOVER OR PLUGGING - Fourth Quan	rter 1987.			
4. FUTURE PLANS - Held for Secondary Recovery.				
3. REASON FOR ABANDONMENT - Uneconomical to Produce				
2. TEMPORARY ABANDONMENT DATE - March 6, 1985				
1. WELL STATUS - Shut-In.				
REMARKS				
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1703.	estimated date of starting any propose			
Shut-In X				
PULL OR ALTER CASINE CHANGE PLANS CASING TEST AND CEMENT JOB OTHER	·			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON COMMENCE DRILLING OPHS.	ALTERING CASING			
NOTICE OF INTENTION TO:  SUBSEQUEN	T REPORT OF:			
Check Appropriate Box To Indicate Nature of Notice, Report or Ot	Lea ()))))))			
15. Elevation (Show whether DF, RT, GR, etc.) 3329 DF	12. County			
THE West LINE, SECTION 26 YOWNSHIP 22-S RANGE 37-E HMPM				
UNIT LETTER F 1650 PEET PROM THE NORTH LINE AND 1980 PEET PROM	Langlie Mattix			
P. O. Box 728, Hobbs, New Mexico 88240	10. Field and Peol, or Wildcat			
3, Address of Operator	Baker "A"			
2. Name of Operator  Texaco Producing Inc.	8. Form or Leuse Hame			
1.  OIL X GAS OTHER-	7. Unit Agreement Nume			
SUNDRY NOTICES AND REPORTS ON WELLS  100 NOT USE THIS FORM FOR PROPOSALS TO DRILL ON TO DEEPEN OR PLUE BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)				
OPERATOR	5, State Otl 6 Gas Lease No.			
LAND OFFICE	State Fre X			
/ILE	5a. Indicate Type of Leuse			