

C.L. CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. 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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Texaco Producing Inc.	8. Farm or Lease Name Eugene Coats
Address of Operator P. O. Box 728, Hobbs, NM 88240	9. Well No. 5
Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM East THE LINE, SECTION 3 TOWNSHIP 24-S RANGE 36-E NMPM.	10. Field and Pool, or WHdcat Langlie Mattix SR-Q4-68
15. Elevation (Show whether DF, RT, GR, etc.) 3385' 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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER Shut In <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

REMARKS

1. WELL STATUS - Shut In.
2. TEMPORARY ABANDONMENT DATE - March 17, 1986.
3. REASON FOR ABANDONMENT - Submersible Pump Failure.
4. FUTURE PLANS - Held for Remedial Work.
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1st Quarter 1988.

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

SIGNED Paul Kautz TITLE Dist. Operations Manager DATE March 3, 1987

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE MAR 6 1987

CONDITIONS OF APPROVAL, IF ANY:

Ex-103-4-1-RR

RECEIVED
MAR 5 1981
OCCD
HOBBS OFFICE