

RECEIVED		
ION		

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-158	
7. Unit Agreement Name	
8. Farm or Lease Name	
NM "BZ" State (NCT-8)	
9. Well No.	
3	
10. Field and Pool, or Wildcat	
Langlie Mattix Seven Rivers	
12. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

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.)

GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Operator	
TEXACO Inc.	
P. O. Box 728, Hobbs, New Mexico 88240	
Well	
TER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 16 TOWNSHIP 23S RANGE 37E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
3316' DF	

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

NOTICE OF INTENTION TO:

REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
WELL ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
ALTER CASING <input type="checkbox"/>	
Extension Request <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

MARKS

1. WELL STATUS - TR-O (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - December, 1973
3. REASON FOR ABANDONMENT - Well is not profitable to operate.
4. FUTURE PLANS - Well will be used in the proposed NM "BZ" State (NCT-8) Unit Waterflood Project.
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

Expires 10-1-76

15. 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 10-7-75
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		