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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

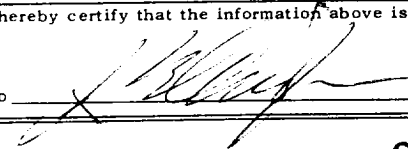
5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-165</b>
7. Unit Agreement Name -
8. Farm or Lease Name <b>New Mexico 'B' St. NCT-4</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Langlie-Mattix</b>
12. County <b>Lea</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator <b>TEXACO Inc.</b>	
3. Address of Operator <b>P.O. Box 728, Hobbs, New Mexico 88240</b>	
4. Location of Well UNIT LETTER <b>N</b> <b>590</b> FEET FROM THE <b>South</b> LINE AND <b>2050</b> FEET FROM THE <b>West</b> LINE, SECTION <b>32</b> TOWNSHIP <b>23S</b> RANGE <b>37E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3304' DF</b>	

16. 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 JOB <input type="checkbox"/>	Status Change <input checked="" 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.

**Please change the status of subject well from pumping to TR-0 (To Be Reconditioned-Oil), held for secondary recovery effective 4-14-72.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED 	TITLE <b>Assistant District Superintendent</b>	DATE <b>April 19, 1972</b>	
APPROVED BY <b>Joe D. Ramey</b> Dist. I, Supv.	TITLE	DATE <b>APR 21 1972</b>	
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

APR 23 1972

OIL CONSERVATION COMM.  
HOUSTON, N. M.