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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

<p align="center">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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil & Gas Lease No. B-7606</p>
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection</p>	<p>7. Unit Agreement Name Rhodes Yates Unit</p>	
<p>2. Name of Operator TEXACO INC.</p>	<p>8. Form of Lease Name Rhodes Yates Unit</p>	
<p>3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240</p>	<p>9. Well No. 1 9</p>	
<p>4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 26-S RANGE 37-E NMPM.</p>	<p>10. Field and Pool, or Wildcat Rhodes Yates</p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.) 2981' (DF)</p>		<p>12. County Lea</p>

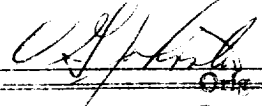
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	
		OTHER <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. Rigged up.
2. Clean junk out of hole to 3307'.
3. Run injection tubing & set packer @ 3105'.
4. Test & return to injection.

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

SIGNED 	TITLE Asst. District Supt.	DATE 3-31-77
APPROVED BY _____	TITLE _____	DATE 4 1977
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

MAY 1 1977
OIL CONSERVATION COMM.
HOBBBS, T. M.