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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-1431

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well	7. Unit Agreement Name Rhodes Yates Unit
2. Name of Operator Texaco Inc.	8. Farm or Lease Name
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 7
4. Location of Well UNIT LETTER F 1650 FEET FROM THE North LINE AND 2310 FEET FROM West LINE, SECTION 27 TOWNSHIP 26-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 2990' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input 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 checked="" type="checkbox"/> Convert to Injection

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. Pulled tubing and cleaned out hole to 3279'.
2. Ran 2-3/8" plastic coated tubing and packer, w/packer set @ 3066'.
3. Loaded casing annulus w/inhibited water.
4. Conversion to injection completed 12-4-73.

NMOCC Administrative Order No. R-4521

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

SIGNED *John A. Chaff* TITLE Asst. Dist. Supt. DATE 12-5-73

APPROVED BY *John A. Chaff* TITLE Asst. Dist. Supt. DATE 12-5-73

CONDITIONS OF APPROVAL, IF ANY: