

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/> Federal	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LC 005247	

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		COTTON DRAW UNIT
Texaco Inc.		8. Farm or Lease Name
3. Address of Operator		COTTON DRAW UNIT
P. O. Box 728 - Hobbs, NM 88240		9. Well No.
4. Location of Well		43
UNIT LETTER P 330 FEET FROM THE FEL LINE AND 330 FEET FROM		10. Field and Pool, or Wildcat
THE FSL LINE, SECTION 20 TOWNSHIP 25S RANGE 32E NMPM.		Paduca Delaware
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3381' DF		Lea

16. 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 JOBS <input type="checkbox"/>	
OTHER <input checked="" type="checkbox"/> Bradenhead Survey	

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.

N.M.O.C.D. Representative David Catanach visually inspected valves on each string of pipe.

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

SIGNED <u>[Signature]</u>	TITLE <u>Asst. Dist. Mgr.</u>	DATE <u>8-7-84</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>OIL &amp; GAS INSPECTOR</u>	DATE <u>AUG 14 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

AUG 13 1984

P.O.  
POLICE OFFICE