

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

CIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><b>LC-061869</b>                                                                                      |

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                    |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER: <b>Water Injection</b>                                                           | 7. Unit Agreement Name<br><b>Cotton Draw Unit</b>       |
| 2. Name of Operator<br><b>TEXACO Inc.</b>                                                                                                                                                          | 8. Farm or Lease Name<br><b>Cotton Draw Unit</b>        |
| 3. Address of Operator<br><b>P. O. Box 728, Hobbs, New Mexico 88240</b>                                                                                                                            | 9. Well No.<br><b>36</b>                                |
| 4. Location of well<br>UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM<br><b>West</b> LINE, SECTION <b>21</b> TOWNSHIP <b>25S</b> RANGE <b>32E</b> NMPM. | 10. Field and Pool, or Whist:<br><b>Paduca Delaware</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>3441DF</b>                                                                                                                                     | 12. County<br><b>Lea</b>                                |

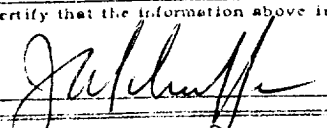
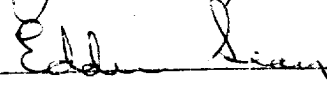
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|                                                |                                           |                                                      |                                                                     |
|------------------------------------------------|-------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|
| 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 OPS. <input type="checkbox"/>      | PLUG AND ABANDONMENT <input type="checkbox"/>                       |
| FULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> <b>Casing Leak Survey</b> |

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.

**NMOCD Representative Eddie Seay visually inspected valves and each string of pipe 5-23-80.**

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

|                                                                                                 |                                      |                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|
| SIGNED       | TITLE <b>Asst. Dist. Supt.</b>       | DATE <b>5-27-80</b>    |
| APPROVED BY  | TITLE <b>OIL &amp; GAS INSPECTOR</b> | DATE <b>JUN 3 1980</b> |
| CONDITIONS OF APPROVAL, IF ANY:                                                                 |                                      |                        |