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DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	•	
U.S.G.S.	Nov 15 8	5a. Indicate Type of Lease
LAND OFFICE		35 AN 65 ate 1 Fee. 🔀
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROP USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
I. OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
	11	Bates
TEXAS PACIFIC OIL COMPAN	KI (Contraction of the second s	
	NX	9. Well No.
TEXAS PACIFIC OIL COMPAN 3. Address of Operator P. O. Box 1069: Hobbs. N		9. Well No. 1.
		9. Well No. 1 10. Field and Pool, or Wildcat
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well	New Mexico	10. Field and Pool, or Wildcat
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well	New Mexico	1
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico	10. Field and Pool, or Wildcat
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico	10. Field and Pool, or Wildcat Lenglie Mattix
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.)	L 10. Field and Pool, or Wildcat Langlie Mattix NMPM. 12. County
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTERO THEEL LINE, SECTION	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L.	L 10. Field and Pool, or Wildcat Lenglie Mettix NMPM. 12. County Les
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L. Appropriate Box To Indicate Nature of Notice, Repor	Lenglie Mettix II. Field and Pool, or Wildcat Lenglie Mettix NMPM. 12. County Les tt or Other Data
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTERO THEEL LINE, SECTION	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L. Appropriate Box To Indicate Nature of Notice, Repor	L 10. Field and Pool, or Wildcat Lenglie Mettix NMPM. 12. County Les
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3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTERO,O THEELLINE, SECTION 16. Check A NOTICE OF IN	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L. Appropriate Box To Indicate Nature of Notice, Repor TENTION TO: SUBSE	Langlie Mattix Teet FROM 10. Field and Pool, or Wildcat Langlie Mattix 12. County Lea to r Other Data EQUENT REPORT OF:
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L. Appropriate Box To Indicate Nature of Notice, Report TENTION TO: SUBSE Plug AND ABANDON REMEDIAL WORK	1 10. Field and Pool, or Wildcat Lenglie Mattix NMPM. 12. County Lea ct or Other Data EQUENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT
3. Address of Operator P. O. Box 1069; Hobbs, N 4. Location of Well UNIT LETTER	New Mexico 560 FEET FROM THE FSL LINE AND 1980 F N 18 TOWNSHIP 24-S RANGE 37-E 15. Elevation (Show whether DF, RT, GR, etc.) 3311 G.L. Appropriate Box To Indicate Nature of Notice, Report TENTION TO: SUBSE Plug AND ABANDON REMEDIAL WORK CHANGE PLANS CASING TEST AND CEMENT JOB	1 10. Field and Pool, or Wildcat Lenglie Mattix NMPM. 12. County Lea ct or Other Data EQUENT REPORT OF: ALTERING CASING PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estim work) SEE RULE 1103.

Held for possible remedial work and secondary recovery.

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

signed Original signed by: Bollis Deats	TITLE Area Engineer	DATE 11-10-65
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		