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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 checked="" type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO INC.	8. Farm or Lease Name J. F. Black
3. Address of Operator P.O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 2
4. Location of Well UNIT LETTER K, 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE west LINE, SECTION 21 TOWNSHIP 24 S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Jalmat Yates Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3227' GR	12. County Lea

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

**REMARKS**

1. WELL STATUS - TR-NG (To be reconditioned - Gas)
2. TEMPORARY ABANDONMENT DATE - January, 1974
3. REASON FOR ABANDONMENT - Not profitable to operate
4. FUTURE PLANS - Plug and Abandon
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975

*Expires 10/1/75*

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

SIGNED	TITLE Asst. Dist. Supt.	DATE 10-18-74
APPROVED BY	TITLE Dist. I, Supv.	DATE 10-24-1974

CONDITIONS OF APPROVAL, IF ANY: