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BY	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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. --	
7. Unit Agreement Name --	
8. Farm or Lease Name E. D. Fanning	
9. Well No. 7	
10. Field and Pool, or Wildcat Jalmat Gas	
12. County Lea	

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 ☒ GAS WELL ☐ OTHER-

2. Name of Operator
TEXACO INC.

3. Address of Operator
P.O. BOX 728, HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER G 1980 FEET FROM THE East LINE AND 1966 FEET FROM
THE North LINE, SECTION 5 TOWNSHIP 24S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3294' DF

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <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 -
2. TEMPORARY ABANDONMENT DATE -
3. REASON FOR ABANDONMENT -

4. FUTURE PLANS - The well is scheduled to be a water injection well in the Myers Langlie Mattix Unit operated by Skelly Oil Co.

5. DATE OF FUTURE WORKOVER OR PLUGGING -

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-22-74

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: