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LAND OFFICE	
OPERATOR	

DEPARTMENT OF COMMERCE

Form No. 1
 (Revised 1-7-69)
 Effective 1-1-70

Division of Land
 State of New Mexico
 B-1031

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR THE REPORTING OF OIL AND GAS PRODUCTION DATA. USE FORM O-100 FOR THIS PURPOSE.

1. OIL WELL GAS WELL OTHER

2. Name of Operator
TEYACO Inc.

3. Address of Operator
P.O. Box 728 Hobbs, New Mexico 88240

4. Location of Well
 UNIT LETTER **P** **660** **South**
 THE **East** LINE, SECTION **6** TOWNSHIP **18-S** RANGE **10-E** MERIDIAN

5. Direction (Show whether NE, SE, SW, NW)

6. **3966' GL**

7. Unit or Form No.
 8. State
New Mexico
 9. Field or Lease No.
Acme App Reef
 10. County
Lee

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 CASINGS <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMERCE REGULATORY <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING IDENTIFICATION <input type="checkbox"/>	
		OTHER Casing String Identification <input checked="" 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.

- Risers installed on all casing strings with valves above ground and labeled for future identification.
- Inspected by N.E. Clegg
- Casing Strings:

Size	Set At	No. sxs Cmt Used
13 3/8"	340'	350
9 5/8"	4830'	900
4 1/2"	9050'	1025

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

SIGNED _____ TITLE **Assistant District** DATE **3-26-70**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: