

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 Fee

5. State Oil & Gas Lease No.
State - P-1306-1

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name NONE
2. Name of Operator TEXACO Inc.	8. Land or Lease Name State N. M. "R" NCT-1
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 11
4. Location of Well UNIT LETTER <u>H</u> <u>990</u> FEET FROM THE <u>East</u> LINE AND <u>1650</u> FEET FROM THE <u>North</u> LINE, SECTION <u>6</u> TOWNSHIP <u>18-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) <u>3980' (D. F.)</u>	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"/>	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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

Total Depth - 6247'
10 3/4" O. D. Casing Cemented at 1497'

Ran 6237' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 6247' with 800 Sx. Incor 50-50 Pozmix with 7/10 of 1% TIC, plus 400 Sx. Incor 4% gel. Plug at 6221'. Job complete 11:00 P. M. May 12, 1965.

Tested 2 7/8" O. D. Casing for 30 minutes with 2000 P. S. I. from 5:00 P. M. to 5:30 P. M. May 13, 1965. Tested O. K. Job complete 5:30 P. M. May 13, 1965.

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

SIGNED H. D. Raymond TITLE Assistant District Superintendent DATE May 17, 1965

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: