NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes Old C-102 and C-103		
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMI	SSIDNE O. C. C.	Effective 1-1-65		
FILE						
U.S.G.S.		FER 15	2 5 <b>5 PH '</b> 67	5a. Indicate Type of Le	ase	
LAND OFFICE	7	12013	La 34 V., V.	State X	Fee,	
OPERATOR	7			5. State Oil & Gas Lea		
	<u> </u>			State - B-15	3-3	
SUND	RY NOTICES AND REPORTS ON ROPOSALS TO BRILL OR TO DEEPEN OF PLUG	WELLS BACK TO A DIFFERENT RI	ESERVOIR.			
I. OIL X GAS OTHER-				7. Unit Agreement Name NONE		
2. Name of Operator TEXACO Inc.				8. Form or Lease Name  N. M. "BZ" State NCT-8		
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico				9. Well No. 15		
				10. Field and Pool, or	Wildcat	
4. Location of Well UNIT LETTER	1830 FEET FROM THE South	LINE AND	) FEET FROM	Undesignated		
	TION 16 TOWNSHIP 23-S					
THE LINE, SECT	TOWNSHIP	HANGE	нмрм.			
THINITH THE STATE OF THE STATE	15. Elevation (Show whether	DF, RT, GR, etc.)		12. County	MITTE	
	3314' (	(D. F.)		Lea	VIIIIIII	
16. Check	Appropriate Box To Indicate 1		Report of Oth	er Data		
	INTENTION TO:		-	REPORT OF:		
		REMEDIAL WORK		ALTERING CA	Laive	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	COMMENCE DRILLING		PLUG AND AB		
TEMPORARILY ABANDON		CASING TEST AND CE	===	FC04 AND AB		
PULL OR ALTER CASING	CHANGE PLANS	İ	MEN! JOB (==)			
	السار المارية	OTHER				
OTHER						
17. Describe Proposed or Completed (work) SEE RULE 1 103.	Operations (Clearly state all pertinent de	tails, and give pertine	nt dates, including	estimated date of starti	ig any proposed	
	Total 9 5/8" O. D. Cas	Depth - 72501				
	9 5/8" O. D. Cas	sing Cemented	at 1071'			
<b>.</b>	TOLOR OF TOLOR	-4 0 20 TD	Mari Casa	T = =1=		
	7240' of 3 1/2" 0. D. Cas					
	cemented at 7250' with 18					
	400 Sx. Incor neat. Plu. February 12, 1967.	ig at (213. •	non combrer	e 01 <b>0</b> 0		
	ed 3 1/2" O. D. Casing fo					
	12:30 P. M. to 1:00 P. M			sted O. K.		
Job (	complete 1:00 P. M. Febru	ary 14, 1967.				
•						
			h-th-f	·		
18. I hereby certify that the informati	on above is true and complete to the best	of my knowledge and	Deilel.			
11/200 H. ell +	<i>Y</i>	ssistant Dist	mint	Fahmin	ry 15, 1%7	
SIGNED / YWO Sillery	TITLE	Taatacaur Diac	1 TC 0	DATE FOULUS.	15 17, 170	
Dan	fillett	Superintendent				

CONDITIONS OF APPROVAL, IF ANYI