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 DESective 1-1-65 Supersedes Old C-102 and C-103 DESective 1-1-65 Supersedes Old Free Supersedes Old Fr
	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
TEXAS PACIFIC OIL CO 3. Address of Operator	4PANY	State "AG" 9. Well No.
Box 1069; Hobbs, New	Mexico	1
4. Location of Well	2310 FEET FROM THE North LINE AND 1980 FEET FROM	10. Field and Pool, or Wildcat S. Crossroads Dev.
UNIT LETTER G,	FEET FROM THE MOLLINE AND 1700 FEET FROM	
THE East LINE, SE	CTION 15 TOWNSHIP 10 RANGE 36 NMPM	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4003' k Appropriate Box To Indicate Nature of Notice, Report or Ot	Lea
PROPOSED STARTING DAY 1. Move in, rig up, 2. Set CIBP w/cmt. 3. Run Magna-tector, 4. Run BHC, FDC, SNI 5. Run tbg., spot 29 Glorietta at 5630 6. Run 5500' of 5-1, 7. Perforate San And 8. Swab test and Act	CHANGE PLANS CHANGE PLANS CHANGE PLANS COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB OTHER OTHER COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB OTHER COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JQB OTHER TE - 11-20-65 - RECOMPLETE IN SAN ANDRES. pull rods and tubing. on top above Devonian at 12,200' to P & A. find free-point. Cut and pull 5-1/2" csg. P. L&MLL logs from 5500-4250'. 5 sks. cmt. plugs at top of cut off csg., top of 0'. Condition hole, pull tbg. /2" csg. Cmt. w/350 sks. Pozmix, tie into 8-5/8" dres at 4930-4980', as per log evaluations. idize w/2500 gal. 15% CMC and balls. eat w/5000 gal. CRA acid and CO2 or 30,000 gal. 10 roduction.	Tubbs at 7000', top of csg. at 4250'.
18. I hereby certify that the informat	ion above is true and complete to the best of my knowledge and belief. TITLE Area Production Foreman	DATE 11-17-65
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CONDITIONS OF APPROVAL, IF ANY:

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