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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

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

4. Location of Well
UNIT LETTER B 330 FEET FROM THE North LINE AND 2135 FEET FROM
THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.

7. Unit Agreement Name
NONE

8. Farm or Lease Name
State of N. M. "R"NCT-1

9. Well No.
10

10. Field and Pool, or Wildcat
Vacuum Glorieta

15. Elevation (Show whether DF, RT, GR, etc.)
3975' (D. F.)

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 - 6150'
10 3/4" O. D. Casing Cemented at 1474'

Ran 6138' of 2 7/8" O. D. Casing, 6.50 LB, NEW, J-55, and cemented at 6150', with 600 Sx. 8% gel, plus 400 Sx Incor 4% gel. Plug at 6146'. Job complete 2:30 A. M. March 15, 1965.

Tested 2 7/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 2:30 A. M. to 3:00 A. M. March 16, 1965. Tested O. K. Job complete 3:00 A. M. March 16, 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 March 16, 1965
H. D. Raymond

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: