

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-155-1

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 GAS WELL OTHER

2. Name of Operator
TEXACO Inc.

7. Unit Agreement Name
-

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

8. Farm or Lease Name
N.M. '0' St. NCT-4

4. Location of Well

UNIT LETTER **N** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **5** TOWNSHIP **17-S** RANGE **35-E** NMPM.

10. Field and Pool, or Wildcat
Atoka Morrow, North (Gas)

15. Elevation (Show whether DF, RT, GR, etc.)
3997' (GR)

12. County
Lea

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"/>	COMMENCE DRILLING OPNS. <input checked="" 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 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.

**Spud 17 1/2" Hole 11:00, 5-11-80
TOTAL DEPTH 400'**

1. Ran 379' (10 Jts.) 13 3/8" OD 48# H-40 Csg & set @ 400'.
2. Cemented w/425 Class 'C' cement containing 2% CaCl. Cement circulated. Job complete 10:45 AM, 5-12-80. WOC in excess of 18 hrs.
3. Tested 13 3/8" Csg to 1000# for 30 minutes, 8:30 - 9:00 PM, 5-13-80. Tested OK. Job complete 9:00 PM, 5-13-80.

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

SIGNED *J. Sexton* TITLE Asst. Dist. Supt. DATE 5-14-80

APPROVED BY Jerry Sexton TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: