				,		
NO. OF COPIES RECEIVED	T			•		
DISTRIBUTION	 ~~	í – i		Form C-103		
SANTA FE	+,		15 ⁻¹	Supersedes Old C-102 and C-103		
FILE	 		NEW MEXICO OF CONTER EN FION COMMISSION	Effective 1-1-65		
	+4					
U.S.G.S.	-	11	Nova	5a. Indicate Type of Lease		
LAND OFFICE		├	NOV 2 0 1970	State X Fee		
OPERATOR	14		•	5. State Oil & Gas Lease No.		
				K-952		
(DO NOT USE THIS FO USE	SU	NDR	Y NOTICES AND REPORTSON WELLS POSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
l. OIL GAS WELL WELL	X		OTHER-	7. Unit Agreement Name		
2. Name of Operator				8, Farm or Lease Name		
Texas America						
3. Address of Operator	Todd 36 State					
1012 Midland						
4. Location of Well			gs Building, Midland, Texas 79701	10. Field and Pool, or Wildcat		
UNIT LETTER F	Undesignated					
THE West						
	12. County					
16.	Cha	ck 4	3499.4 GR 3526.4 KB	Eddy ()		
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data						
NOTIC	,	r in	SUBSEQUENT	REPORT OF:		
PERFORM REMED!AL WORK	1			ph		
TEMPORARILY ABANDON	1		PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
PULL OR ALTER CASING	1		COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT		
POLL OR ALTER CASING	j		CHANGE PLANS CASING TEST AND CEMENT JOB			
OTHER			other Surface Casin	rd x		
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 1903.						
Spudded Novem	ber	6,	1970. Drilled 26" hole to 630 feet.			

20" - 94# surface casing set @ 630 feet. Cemented with 1160 sxs Class C w/2% calcium chloride November 10, 1970. Cement circulated. Waited on cement 24 hrs. Tested casing to 1000# before drilling ahead with $17\frac{1}{2}$ " hole.

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•		
18. I hereby certify that the information apore is true and co	emplete to the best of my knowledge and belief.	
SIGNED KOYK, Valla	Production Manager	DATE November 19, 1970
APPROVED BY W. a. Gressett	TITLE DIL AND GAS INSPECTOR	NOV (3) 1970
CONDITIONS OF APPROVAL, IF ANY:		