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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-101
Superseded Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

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

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR APPLICATIONS FOR PERMITS TO DRILL OR TO RE-DRILL OR TO PLUG CASES TO A DEPARTMENT RESERVE
SEE RULES AND REGULATIONS PERTAINING TO OIL AND GAS OPERATIONS IN NEW MEXICO

1. OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 723, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER O 660 FEET FROM THE South LINE AND 1090 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-L

15. Elevation (Show whether DE, RT, GR, etc.)
3991' GL

7. Unit Agreement Name
-

8. Form of Lease Name (NCT-IT)
New Mexico "O" State

9. Well No.
10

11. Field and Pool, or Wellcut Area
Vacuum Grayburg San

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 CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <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 type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Casing string identification

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 1703.

- Risers installed on all casing strings with valves above ground and labeled for future identification.
- Inspected by N. E. CLEGG.
- Casing strings:

Size	Set at	No. sxs Cmt used
7-5/8"	1548	280
5-1/2"	4093	200

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

SIGNED [Signature] TITLE Assistant Dist. Supt. DATE March 25, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: