TOTAL COLLEGE RECEIVED	 		Form C-103
DISTRIBUTION	- 	6/65. dams	Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO OF EONSERVATION COMMISSION	Effective 1-1-65
FILE	11 -		
U.S.G.S.		MARC CO AND	5a. Indicate Type of Lease
LAND OFFICE		MAN 10 1971	State X Fee.
OPERATOR			5. State Oil & Gas Lease No.
		for the first	B-8385-1
	SLINDE	Y NOTICES AND REPORTS ON WELLES TO #	
(DO NOT USE THIS F	ORM FOR PRO	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT -'' (FORM C-101) FOR SUCH PROPOSALS.)	
1.			7. Unit Agreement Name
OIL X GAS		OTHER-	_
2. Name of Operator		VITER	8, Farm or Lease Name
TEXACO Inc.	/		
3. Address of Operator	<u>/</u>		New Mexico 'AM' State 9. Well No. NCT_3
-	HODDE	MELL MENTON OCCUM	1101-0
P.O. BOX 728 - HOBBS, NEW MEXICO 88240			3
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER L 1650 FEET FROM THE SOUTH LINE AND 660 FEET FROM			Coyote Queen
		THE AND	
THE West		N 11 TOWNSHIP 11-S RANGE 27-E NMPM	
THE WEST	LINE, SECTI	N TOWNSHIP RANGE NMPM	
amminini	mm'	15, Elevation (Show whether DF, RT, GR, etc.)	12, County
	1111111	3704' GR	Chaves
	777777		
•••	Check	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
NOT	ICE OF It	ITENTION TO: SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	\neg	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
ř	=		TV V
TEMPORARILY ABANDON	=	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLANS CASING TEST AND CEMENT JQB	
		OTHER	
OTHER			
17 D		erations (Clearly state all pertinent details, and give pertinent dates, including	
work) SEE RULE 1103	•		g commission date of courting any proposed
TI 6.33	1		
ine tollowing	work of	subject well has been completed:	
1. Ran 2" tul			
2. Displaced	water v	rith mud in 4-1/2" casing.	
3. Spot 15 sx	x cemen	plug from 1020' to 865' over perforations 940'	'-983 ' .
		plug from tone of our over perior autono	
		-lum at suufass	
5. Spot 10 s	k_cement	plug at surface.	
6. Cut off we	ell head	and installed 4" Dry Hole Marker extending 4'	above ground level.
7. Clean loca	ation.		
, , , , , , , , , , , , , , , , , , ,	7		
18. I hereby certify that the	information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the	information	above is true and complete to the best of my knowledge and belief.	
	information	7	t DATE March 9. 1971
	information	above is true and complete to the best of my knowledge and belief. TITLE Asst, Dist. Superintenden	t DATE March 9, 1971
	information	7	t DATE March 9, 1971
18. I hereby certify that the	dinformation of the state of th	7	t DATE March 9, 1971

CONDITIONS OF APPROVAL, IF ANY: