NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION			Supersedes Old	
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE				
U.S.G.S.		P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5a. Indicate Type of Lease	
LAND OFFICE			State X Fee	
OPERATOR			5, State Oil & Gas Lease No.	
	· · · · · · · · · · · · · · · · · · ·		State - B-9380	
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ON PLUG BACK TO A DIFFERENT RESERVOIR. Use "Application for Permit -"" (form C-101) for Buch Proposals.)			7. Unit Agreement Name	
	OTHER-		NONE	
2. Name of Operator			8. Farm or Lease Name	
TEXACO Inc.			N. M. "AQ" State NCT-5	
3. Address of Operator			9. Well No.	
	P. O. Box 728 -	Hobbs, New Mexico	1	
4. Location of Well	······································		10. Field and Pool, or Wildcat	
UNIT LETTER A	660 FEET FROM THE North	LINE AND 660 PEET FROM	Undeeignated	
GRIT CETTER,				
East	CTION 23 TOWNSHIP 10-S	BANGE 33-E		
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	
	421	7' (D. F.)	Lea ////////////////////////////////////	
^{16.} Chec	k Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data	
NOTICE OF	T REPORT OF:			
	PLUG AND ABANDON	NEMEDIAL WORK	ALTERING CASING	
PERFORM REMEDIAL WORK		COMMENCE DRILLING OPNS.		
TEMPORARILY ABANDON		CABING TEST AND CEMENT JOB		
		OTHER		
OTHER				
		<u> </u>		
17. Describe Proposed or Completer work) SEE NULE 1103.	i Operations (Clearly state all pertinent dete	ails, and give pertinent dates, including	estimated date of starting any proposed	
	Total	Depth - 9900*		
		sing Cemented at 4000'		
	Ron 98811 of 1 1/2" O. T). Casing. 11.60 t.R. N.	80. NEW.	
Ran 9881' of 4 1/2" O. D. Casing, 11.60 LB, N-80, NEW, and cemented at 9899' with 700 Sx. Trinity Lite Wate,				
	plus 300 Sx. Incor neat.	Plug at 98821. Job c	omplete	
	4:00 A. M. September 16,		empered of a	
	4.00 At III Deputition 10			
	Tested 4 1/2" O. D. Casi			

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S. I. from 1:30 P. M. to 2:00 P. M. September 16, 1967. Tested O. K. Job complete 2:00 P. M. September 16, 1967.

18. I hereby certify that the information above is true as γ /	nd complete to the best of my knowledge and belief.	
110HE WE Morgan	Assistant District	DATE September 19, 1%7
W. H. Morgan	Superintendent	
	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY		

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