NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee. X
OPERATOR		5. State Oil & Gas Lease No.
	J	1
SUNDR	Y NOTICES AND REPORTS ON WELLS  OPPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  ION FOR PERMIT - ** (FORM C-101) FOR SUCH PROPOSALS.	
CIL GAS WELL S	OTHER-	7. Unit Agreement Name
2. Name of Sperator NG-O-Tex Corporation		8. Farm or Lease Name Terrill
3. Address of Operator		9. Well No.
	108 West Wall, Midland, Maras 79701	1
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER	660 FEET FROM THE NORth LINE AND 660 FEET FR	Allison Penn
THE West LINE, SECTION	ON 25 TOWNSHIP 88 RANGE SEE NMP	ж.
	15. Elevation (Show whether DF, RT, GR, etc.)	
	4070' 32	12. County
16. Chark		
	Appropriate Box To Indicate Nature of Notice, Report or ( NTENTION TO: SUBSEQUE	Jther Data NT REPORT OF:
25.25.00.4.05.45.01.1		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
POLE OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER	OTHER	
17. Describe Proposed or Completed Op- work) SEE RULE 1103.	perations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
396 w/375 sacks re W.O.C. 24 hrs. and Cemented 8-5/8" 24 5-23-70. W.O.C. 3 Test O.K. Cemente 8: 10 P.M. 6-23-70. 30 min. Test O.K. Perf. 9724-9740 w/	egular. Cement circulated. Plug down of pressure tested casing with 600# for 4# & 32# casing at 4000' w/400 sacks. A hrs. and pressure tested casing w/10 ed 4-1/2" 11.6# casing at 9345' w/450 section w/10.C. 48 hrs. and pressure tested casing by temperate to be the casing by temperate with 2000 gal. 15% and pressure tested to be the casing by temperate to be the casing by the c	11:00 P.M. 5-17-70. 30 min. Test O.K. Plug down 3:00 P.M. 000# for 30 min. sacks. Plug Down casing w/2000# for cure survey 8150'.
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	7-1-70
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TAUS TITLE MENTS JR DISTRICT	DATE / LL 6 1970