		Form C-103
NO. OF COPIES RECEIVED		Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
SANTA FE		
FILE	UCT (1	5a. Indicate Type of Lease
U.S.G.S.	'	State X Fee
OPERATOR		5. State Oil & Gas Lease No.
OT ENATION		E-1027
SUNDR	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL X GAS	OTHER-	7. Unit Agreement Name
Name of Operator TEXACO Inc.		New Mexico "CZ" State
P. 0. Box 728 - Hobbi	New Mexico 88240	9. Well No.
	o hear reacted out to	10. Field and Porl, or Wildcat
4. Location of Well		Ranger Lake (Penn)
UNIT LETTER	1945 FEET FROM THE South LINE AND 1945 F	EET FROM
THE <b>East</b> LINE, SECTION	DN 14 TOWNSHIP 12-S RANGE 34-E	_NMPM. (()))))))))
mmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4156' (DF)	Lea
	Appropriate Box To Indicate Nature of Notice, Report	r or Other Data
	NTENTION TO: SUBSE	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON X REMEDIAL WORK	ALTERING CASING  PLUC AND AGANDONMENT
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.  CHANGE PLANS  CASING TEST AND CEMENT JQB	The state of the s
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JUB	
OTHER		
17. Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent aates,	including estimated date of starting any proposed
work) SEE RULE 1103.		
TEXACO proposes to d	o the following work on subject well:	
Innico proposos co		
1. Pull production	rods and pump.	
O Med up hole		00001
3. Spot 5 sx. cemen	t plug in 2-7/8" 0.D. casing from 9986' -	9820.
h Cut off 2-7/8" 0	D. casing @ 2600' (Calculated cement top)	
5. Spot 25 sx. ceme	nt plug from 50' below to 50' above cut of	Ι.
6. Spot 10 sx. ceme	nt plug & surface. marker extending 4' above ground level, cl	een location, and abandon.
7. Set 4" dry hole	marker extending 4. shove ground rever! cr	nen Tocastons and comments
		<u> </u>
10 I horoby cartify state Ma information	on above is true and complete to the best of my knowledge and belief.	
18, I hereby certify that the information	Assistant District	
(W/W//max)	TITLE Superintendent	DATE October 15, 196

CONDITIONS OF APPROVAL, IF ANY: