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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 16 9 40 AM '65

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: Chaves - E-5247

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: State N.M. "BA" NCT-1

3. Address of Operator: P. O. Box 728 - Hobbs, New Mexico

9. Well No.: 1

4. Location of Well: UNIT LETTER D, 810 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 11 TOWNSHIP 12-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Ranger Lake (Penn)

15. Elevation (*Show whether DF, RT, GR, etc.*): 4166' (D. F.)

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

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 1103.

Total Depth - 4200'
11 3/4" O. D. Casing Cemented at 359'

Ran 4186' of 8 5/8" O. D. Casing, 24.00 LB, J-55, NEW, and cemented at 4200' with 1100 Sx. Trinity Lite Wate, plus 200 Sx. Incor neat. Plug at 4170'. Job complete 7:00 A. M. August 13, 1965.

Tested 8 5/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 10:15 A. M. to 10:45 A. M. August 14, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 1000 P. S. I. from 11:45 A. M. to 12:15 P. M. August 14, 1965. Tested O. K. Job complete 12:15 P. M. August 14, 1965.

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

SIGNED W. E. Morgan TITLE Assistant to the District Superintendent DATE August 16, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: