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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	OG-1516

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name New Mexico "DM" State NCT-1
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>13-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Lazy J Pennsylvanian
15. Elevation (Show whether DF, RT, GR, etc.) Unknown	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
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 1703.

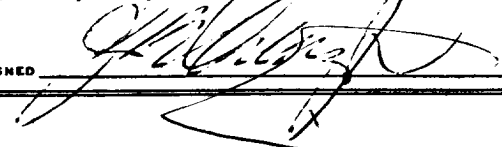
TOTAL DEPTH 365'

SPUDDED 15" HOLE AT 7:00 P.M. November 15, 1967.

Ran 345' of 11 3/4" OD 23.72#J-55 Smls Casing and Cemented at 364' with 300 Sx Class C Neat W/1% CaCl, Plug at 334', Cement circulated. Job complete 10:00 A.M. November 16, 1967.

Tested 11 3/4"OD casing for 30 minutes with 600 PSI from 12:45 AM to 1:15 A.M. November 17, 1967. Tested OK. Drilled cement plug and re-tested for 30 minutes with 600 PSI from 2:30 A.M. to 3:00 A.M. November 17, 1967. Tested OK. Job complete 3:00 A.M. November 17, 1967.

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

SIGNED 	TITLE Assistant District Superintendent	DATE November 17, 1967
APPROVED BY	SIGNED	DATE
CONDITIONS OF APPROVAL, IF ANY:		

