NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE		SERVATION COMMISSION	C-102 and C-103
FILE			Effective 1-1-65
U.S.G.S.	-		5a. Indicate Type of Lease
LAND OFFICE	-		
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR P USE "APPLIC.	DRY NOTICES AND REPORTS ON PROPOSALS TO DEILL OR TO DEEPEN OR PLUG ATION FOR PERMIT	N WELLS BACK TO A DIFFERENT RESERVOIR. ICH PROPOSALS.)	
I. OIL GAS WELL WELL	OTHER-	** **********	7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
. TEXACO Inc.			N.M. 'DM' State NCT-I
3. Address of Operator			9. Well No.
P.O. Box 728 - Ho	bbs, New Mexico 88240		2
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	990 FEET FROM THE Sout	h LINE AND 660 FEET FROM	Undes Ignated
THE West LINE, SEC	TION 21 TOWNSHIP 13-	-S RANGE 33-E NMPM.	
			XIIIIIIIIIIIIIIIIIIIIIIII
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4269 (DI	F)	Lea ())))))
^{16.} Check	Appropriate Box To Indicate 1	Nature of Notice Report or Otl	het Data
Check Appropriate Box To Indicate Nature of Notice, Report or Oth NOTICE OF INTENTION TO:			REPORT OF:
		30832Q0EN	REFORT 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	FLOG AND ABANDONMENT
	harrad harrad	OTHER	· · · · · · · · · · · · · · · · · · ·
OTHER			
	[]		
17. Describe Proposed or Completed (Operations (Clearly state all pertinent det	ails, and give pertinent dates, including	estimated date of starting any proposed

work) SEE RULE 1103.

TOTAL DEPTH 9900'

8-5/8" O.D. 24#, 28# and 32# Casing set @ 4146!

Ran 9883' (283 joints) 5-1/2" OD 17# casing and set @ 9900'. Cemented w/350 sx TLW w/5# glisonite per sack and 415 sx Class C w/10# salt per sack. Plug @ 9857'. Complete @ 3:15 AM, February 10, 1970.

Tested 5-1/2" O.D. casing w/2000# for 30 minutes from 9:30 A.M. to 10:00 A.M., February 11, 1970. Tested O.K. Job complete 10:00 A.M., February 11, 1970.

18. I hereby certify that the information above is true and complet	e to the best of my knowledge and belief. Assistant District Superintendent	PATE February 16, 1970
APPROVED BY ACESLIE No Clements CONDITIONS OF APPROVAL, IF ANY:		DATE