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NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION	A FE NEW MEXICO OIL CONSERVATION COMMISSIONE O. C. C.			
SANTAFE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE		MAR 2 1 49 PH 755	CITECTIVE 1-1-62	
U.S.G.S.	-	- min 2 / 110 Dec-	5d. Indicate Type of Lease	
LAND OFFICE	7	23 171 265	State X For	
OPERATOR	-		5. State Oil & Gas Lease No.	
		•	State - B-1306-1	
IDO NOT USE THIS FORM FOR PR USE "APPLICA				
•			7. Unit Agreement Name	
well well	OTHER-		NONE	
, Name of Operator	8, Farm or Leane Mame			
TEXACO Inc.			St. N. M. "R" NCT-1	
Address of Operator P. O. Box 728 - Hobbs, New Mexico 4. Location of Well			9. Well No.	
			10	
			10, Field and Pool, or Wildom	
UNIT LETTER B 330 FEET FROM THE North LINE AND 2135		LINE AND 2135	Vacuum Glorieta	
THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E				
	15. Elevation (Show whether		<u> </u>	
	12. County			
	Lea			
Check	Appropriate Box To Indicate N	Nature of Notice, Report or Ot	her Data	
NOTICE OF I	T REPORT OF:			
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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		
		OTHER	- <u> </u>	
OTHER				
7. Describe Proposed or Completed Or	perations (Clearly state all particul			
work) SEE RULE 1103.	perations (Clearly state all pertinent det	aus, and give pertinent dates, including	estimated date of starting any propose	

Total Depth - 1474'

Spudded 15" Hole at 6:00 A. M. February 26, 1965

Ran 1460' of 10 3/4" O. D. Casing, 28.52 LB, NEW, Spiral Weld, and cemented at 1474' with 600 Sx. Incor 8% gel, plus 400 Sx. Incor 4% gel with 2% CACL. Plug at 1442'. Cement Circulated. Job complete 6:00 A. M. February 28, 1965.

Tested 10 3/4" O. D. Casing for 30 minutes with 600 P. S. I. from 5:30 P. M. to 6:00 P. M. February 28, 1965. Tested O. K. Drilled cement plug and re-tested for 30 minutes with 600 P. S. I. from 7:00 P. M. to 7:30 P. M. February 28, 1965. Tested O. K. Job complete 7:30 P. M. February 28,1965.

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				and and a star
IR. I hereby certify that the information above is true and complete to	o the best of my knowledg	e and belief.		
DIGNED If a Kayman .	Assistant	District	DATE	March 2, 1965
Ho D. Raymond	Superinter	dent		
APPROVED BY	ITLE			