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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. State - B-1189-1
7. Unit Agreement Name NONE
8. Farm or Lease Name State of N.M."AC"NCT-1
9. Well No. 10
10. Field and Pool, or Wildcat Vacuum
12. County Lea

## 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"/>
2. Name of Operator TEXACO Inc.
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico
4. Location of Well UNIT LETTER M 990 FEET FROM THE West LINE AND 990 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 18-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4021' (D. F.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 - 4695'  
7 5/8" O. D. Casing Cemented at 1710'

Ran 4683' of 4 1/2" O. D. Casing, 10.50 LB, J-55, NEW, and cemented at 4694' with 300 Sx. Incon 4% gel. Plug at 4666'. Job complete 2:00 A. M. April 20, 1964.

Tested 4 1/2" O. D. Casing for 30 minutes with 1500 P. S. I. from 8:30 A. M. to 9:00 A. M. April 23, 1965. Tested O. K. Job complete 9:00 A. M. April 23, 1965.

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

SIGNED H. D. Raymond TITLE ASST. DIST. SUPT. DATE April 26, 1965  
H. D. Raymond

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: