| NO. OF COPIES RECEIVED                               | ·                                                                                                                                                   | lorm C-163<br>Supersedes Old                 |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| DISTRIBUTION                                         |                                                                                                                                                     | C-102 and C-103                              |
| SANTAFE                                              | NEW MEXICO OIL CONSERVATION COMMISSION                                                                                                              | Effective 1-1-65                             |
| FILE                                                 |                                                                                                                                                     |                                              |
| U.S.G.S.                                             | 4                                                                                                                                                   | 5d. Indicate Type of Lease                   |
| LAND OFFICE                                          |                                                                                                                                                     | State Z Fee                                  |
| OPERATOR                                             |                                                                                                                                                     | 5. State Oil & Gas Lease No.                 |
|                                                      |                                                                                                                                                     | , 5-959-1                                    |
| (DO NOT USE THIS FORM FOR PROPOS<br>USE "APPLICATION | NOTICES AND REPORTS ON WELLS<br>Als to drill or to diepen of plug back to a different reservoir.<br>For permit -" (form C-101) for such proposals.) |                                              |
| 1.<br>01L C GAS                                      |                                                                                                                                                     | 7, Unit Agreement Name                       |
| 2. Name of Operator                                  | OTHER•                                                                                                                                              | 8. Form or Lease Name NCI-                   |
| TEXACO Inc.                                          |                                                                                                                                                     | New Mexico 1W1 State                         |
| 3. Address of Operator                               |                                                                                                                                                     | 9. Well No.                                  |
| P. O. Box 728 - Hobbs, New Mexico                    |                                                                                                                                                     |                                              |
| 4. Location of Well                                  |                                                                                                                                                     | Alo, Field and Pool, or Wildon Or Th         |
|                                                      | 2130 South 2130                                                                                                                                     |                                              |
| UNIT LETTER J 10                                     | 80FEET FROM THE SOUTHLINE AND2130FEET FR                                                                                                            | <i>*************************************</i> |
|                                                      |                                                                                                                                                     |                                              |
| THE <u>EAST</u> LINE, SECTION                        | 13 TOWNSHIP 17-S RANGE 34-E NM                                                                                                                      | ·⊷ ())))))))))))))))))))))))))))))))))))     |
| *Penn & Vacuum Middle Pe                             | 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                       | 12. County                                   |
|                                                      | 4026' (DF)                                                                                                                                          | Lea                                          |
| 16. Check Ap                                         | propriate Box To Indicate Nature of Notice, Report or (                                                                                             | Other Data                                   |
| NOTICE OF INT                                        |                                                                                                                                                     | NT 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                                                |                                                                                                                                                     |                                              |
|                                                      | ntions (Clearly state all pertinent details, and give pertinent dates, includ                                                                       | · · · · · · · · · · · · · · · · · · ·        |

Total Depth 4800' 16" OD casing cemented at 314'

Ran 4708' of 10-3/4" OD 40.5# J-55 casing and 77' of 11-3/4" OD 47# J-55 casing new and cemented at 4800' with 400 sx TLW and 150 sx Class C with 1/4# Flocel/Sx. Job complete 3:00 PM December 31, 1967.

Tested 10-3/4" OD casing for 30 minutes with 1500 psi from 3:00 PM to 3:30 PM January 1, 1968. Tested OK. Drilled cemented plug and re-tested for 30 minutes with 1500 psi from 5:15 PM to 5:45 PM January 1, 1968. Tested OK. Job completed 5:45 PM January 1, 1968.

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

Asst. Dist. Superintencent

DATE January 3,

DATE

CONDITIONS OF APPROVAL, IF ANY

OVED B