NO. OF COPIES RECEIVED	¬ ⊣	Form C-103 Supersedes Old C-102 and C-103	
SANTA FE			
FILE	⊣		Effective 1-1-65
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Oil & Gas Lease No.
			B-1189-1
SUND (DO NOT USE THIS FORM FOR PURE "APPLICA"			
I. OIL X GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator	OTHER!		8. Farm or Lease Name
TEXACO Inc.			N.M. 'AC" St. NCT-1
3. Address of Operator			9. Well No.
P. O. Box 723, Hobbs, New Mexico 88240			16
4. Location of Well		th LINE AND 10 FEET FROM	12. Field and Pool, or Wildest Vacuum Grayburg San Andres
UNIT LETTER,	FEET FROM THE	LINE AND FEET FROM	
THE East LINE, SEC	TION 2 TOWNSHIP	-S RANGE 34-E NMPM	
	15. Elevation (Show whe	ther DF, RT, GR, etc.)	12. County
	4008!	D F	Lea
16. Check	Appropriate Box To Indicat	e Nature of Notice, Report or O	ther Data
	INTENTION TO:	~	T REPORT OF:
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	COMMENCE DEILLING OPNS.	PLUG AND ABANCONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB X	LEGG AND ADARDS MILE.
POLE OF ACTER CASING		OTHER	
OTHER			
			,
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent	details, and give pertinent dates, includin	g estimated date of starting any proposed
MD.	4800' 8 5/8" Casi	ng Set at 364!	
	• •	_	
•		Casing set @ 4800'.	
Cemented w/	450 sx. Class 'C' w	12% gel. & 200 sx.	Class 'C' cement.
Completed at	4:15 PM 1-3-73.		
Tested 42" c	asing w, 1500# from	7:00-7:30 AM 1-12-7	3. Tested OK.
18. I hereby certify that the informati	on above is true and complete to the b	est of my knowledge and belief.	
SIGNED SUM CHANGE		Asst. Dist. Supt.	DATE
	g. Signed by		
J _∞ e	D. Ramey		LVEI EI NAL
APPROVED BYDE	et. I, Supv. Title_		DATE

CONDITIONS OF APPROVAL, IF ANY: