NU. OF COLLES RECEIVED	_		Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE	4		
U.S.G.S.	4		5a. Indicate Type of Lease
LAND OFFICE			State X Fee.
OPERATOR			5. State Oil & Gas Lease No.
CIVID	DV MOTICES AND DEDOCTE ON	N	B-1306-1
OUND (DO NOT USE THIS FORM FOR P)	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BEATION FOR PERMIT - " (FORM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOIR.	
1.	THE TENNET OF THE SUC	FROPUSALS.)	7. Unit Agreement Name
OIL SAS WELL WELL	OTHER+		
2. Name of Operator			8. Farm or Lease Name
TEXACO Inc.			N. M. 'R' St. NCT-3
3. Address of Operator			9. Well No.
P. O. Box 728, Hobbs, New Mexico 88240			23
4. Location of Well			Vacuum Grayburg San Andres
UNIT LETTER,	210 FEET FROM THE South	LINE AND 1420 FEET FR	San Andres
77 A	1 10	a al	
THE West Line, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM			··· (
15. Elevation (Show whether DF, RT, GR, etc.)			12, County
3994' GR			Lea
16. Charle		f N D	
	Appropriate Box To Indicate N		
NOTICE OF I	INTENTION TO:	SUBSEQUE	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	
		OTHER	
OTHER			
17 Descrite Present or Completed (Coordines (Clearly state all partirent date	ile and give portions dates includ	ing estimated date of starting any proposed
work) SEE RULE 1103.	specialization (escales) estate and periodical zero	and give pertinent dayes, include	ing estimated date of starting any proposed
	•		
ጥ ን 3 ፍ 7	Spudded 121 Hole	2:30 PM 2-3-73	
10 391	bpaaded 124 noic	2.50 IM E-5-15.	
Ran 349' (9 Join	its) $8.5/8$ " Casing set	at 3571. Cemente	ed w/ 300 sx.
()	, , , , , , , , , , , , , , , , , , , ,		,
Class 'C' w/ 2/ C	adl. Cement circulat	ed. Completed @ 8	3:45 PM 2-3-73.
Tested 8 5 8" Cas	sing w/600# from 2:30-	-300 PM 2-4-73. 7	ested OK.
			- .
Drilled out plug	&tested casing w/ 600)# from 4:15-4:45 F	'M 2-4-73.
Mostod Ov			
Tested OK.			
			
18. I hereby certify that the informatio	on above is true and complete to the best of	f my knowledge and belief.	
			- 0
SIGNED // Welf-		sst. Dist. Supt.	DATE 2-8-73
// // //	rig. Signed by		
	-3t. 1, Supy		DATE
CONDITIONS OF APPROVAL, IF AN	Y: * * * * *		

CONDITIONS OF APPROVAL, IF ANY: