DISTRIBUTION			المحمدان	Form C-103	
DISTRIBUTION SANTA FE	 			Supersedes Ol	
	NEW MI	EXICO OIL CONSE	RVATION COMMISSION	C-102 and C-1 Effective 1-1-6	
FILE	 				75
U.S.G.S.				5a. Indicate Type	of Lease
LAND OFFICE				State X	Fee
OPERATOR				5. State Oil & Gas	
				B-1080-1	
(DO NOT USE THIS FORM FO	NDRY NOTICES AND	REPORTS ON W	ELLS K TO A DIFFERENT RESERVOIR.	milling	mmin
USE "APPL	LICATION FOR PERMIT - ** (F	O DEEPEN OR PLUG BAC ORM C-101) FOR SUCH I	K TO A DIFFERENT RESERVOIR.		
OIL GAS WELL	•			7. Unit Agreement	Name
2. Name of Operator	OTHER-				
				8. Farm or Lease	Name
TEXACO Inc. 3. Address of Operator				New Mex.	"M" State
· ·			-	9. Well No.	
P. O. Box 728,	Hobbs, New M	exico 882	240	10	
				Vacuum Gr San Andr	or Wildcat
UNIT LETTER	1330 FEET FROM	THE North	LINE AND 1330 FEE	San Andr	eg gangra
•					THITTE:
THE WEST LINE, SI	ECTIONT	OWNSHIP 18-S	RANGE	NMPM.	
mmmmmm					
		ion (Show whether DF	, RT, GR, etc.)	12. County	<u>ULLILLI</u>
16.		3994' GR		LEA	
Chec	ck Appropriate Box	To Indicate Nat	ure of Notice, Report o	ot Other Data	********
NOTICE OF	F INTENTION TO:	1		UENT REPORT OF:	
				KEI OKI OI.	
PERFORM REMEDIAL WORK	PLUG	AND ABANDON R	EMEDIAL WORK	ALTERIN	G CASING
TEMPORARILY ABANDON		с	OMMENCE DRILLING OPNS.	7	ABANDONMENT
PULL OR ALTER CASING	CHANG	E PLANS C	ASING TEST AND CEMENT JOB		ABANDONMENT
			OTHER		
OTHER					
17. Describe Proposed or Completed work) SEE RULE 1103.	d Operations (Clearly state	all portinged descit			
work) SEE RULE 1103.	(= ===, +, ====	s are periment details.	and give pertinent dates, incl	luding estimated date of sta	urting any propose
	mp /18001 9 E	/OH			
	TD 4800' 8 5	o casing	set @ 355¹.		
Ran 470∩t	(15) Todata	-10 -10 "			
11011 4190	(154 TOTHER)) 14# Cas	sing set @ 4800	١,	
Cemented w	/ 300 ev dia	101 104	.		
Julion of W	/ Joo ax. CIR	88 .C. 15%	gel #& 200 sx.	Class 'C'	
			@ 12:20 PM 2-2		
	LOW DULLOY BA.	compresed	@ 15:50 bW 5-5	?-7 3.	
Tested 5불	casing w/ 15	00# from 0.	30-10:00 AM 2-4		
		oon from 9:	20-10:00 WW 5-4	F-73 .	
Tested OK.					
18. I hereby certify that the informati	on above is true and comp	lete to the best of my	knowledge and belief.		
SIGNED // Well-		TITLE ASST	. Dist. Supt.	DATE	_73
——————————————————————————————————————)-i			DATE	-13
	Orig. Signad by				
APPROVED BY	D. Ramen	TITLE		1	
CONDITIONS OF APPROVAL, IF AN	-191. J. C.			DATE	
	• • •				