STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

*				
DISTRIBUTION	1			
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
OPPRATOR	7	1		

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103 Revised 10-1-78

FILE		WEXTED 87301		
U.S.O.S.	-		5a. Indicate Type	of Leuse
LAND OFFICE	-		State X	Fee
OPERATOR	-		5, State Oti & Ga	s Lease No.
	. 		B-155	
SI IND	DV NOTICES AND DEPORTS ON	WELLS	minin	
DUNDS THIS SEN OUT	IRY NOTICES AND REPORTS ON ROPOSALS TO CAILL OR TO DEEPEN OF PLUG B	WELLS ACK TO A DIFFERENT RESERVOIR.		
l.	TION FOR PERMIT (FORM C-101) FOR SUC	H PROPOSALS.}	7. Unit Agreemen	1 Name
			7. Oin Agreemen	· maine
WELL WELL	OTHER-		8. Farm or Lease	21
2. Name of Operator			1	
Texaco Inc. 3. Address of Operator				State NCT-1
3. Address of Operator			9. Well No.	
P O Pay 728 Habbs	New Mexico 88240		13	
P. O. Box 728, Hobbs,			10. Field and Po	ol, or Wildcat
8,1	519 FEET FROM THE South	1920	1839 KKI KRAM Vacuum Glorieta	
UNIT LETTER	DIS PEET FROM THE	LITTE AND FEET	TITITITI	mminn
		5.6		
THE WOST LINE, SECT	TION 36 TOWNSHIP 17-S	RANGE 34-1	Men. ////////////////////////////////////	
mmmm	15. Elevation (Show whether	DE RT CR and 1		<i>\}</i> .{}.
		Dr, KI, GK, etc.)	12. County	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Lea	<u> </u>
16. Check	Appropriate Box To Indicate N	ature of Notice, Report of	r Other Data	
	INTENTION TO:	•	JENT REPORT OF:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	PLUG AND ABANDON	REMEDIAL WORK]	ING CASING
PERFORM REMEDIAL WORK	PLOC AND ABANDON	 	า	· .
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	J PLUG A	NO ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB]	r
		OTHER <u>Repair wate</u>	rflow	x _
отнен	[_]			
	Operations (Clearly state all pertinent deta			 ,
 Test Csg. strings. Perforated 2 7/8" Cement perfs 0 157 Cement circulated. 	as Lift valves. Set RBP @ Test OK. & 8 5/8" Csg. w/4-JS @ 157 5' w/450 sx. class 'H' cer Squeeze w/addl. 250 sx. uipment. Test & place on	75'. ment containing 2% Ca class 'H' cement. W	C1. OC. Tested OK.	
18.1 horeby certify that the information of the second of	on above is true and complete to the best o	of my knowledge and belief. st. Dist. Supt.		a 1001
و فعام المعلوم	-U'. ••••••		DATE	· · · · · · · · · · · · · · · · · · ·