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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-155-1	

SUNDRY NOTICES AND REPORTS ON WELLS

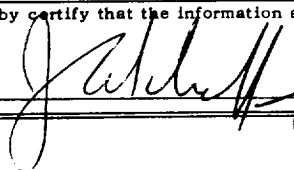
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Texaco Inc.		8. Farm or Lease Name New Mexico 'O' St. NCT-1
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240		9. Well No. 20
4. Location of Well UNIT LETTER E 467 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 36 TOWNSHIP 17S RANGE 34E NMPM.		10. Field and Pool, or Wildcat Vacuum Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 4016' (DF)		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Status Change

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Ran CIBP in Blinebry string and set @ 6375'. Blinebry abandoned June 28, 1974. Subject well is a single completion in the Vacuum Glorieta.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Asst. Dist. Supt.	DATE August 6, 1974
APPROVED BY Joe D. Ramey Dist. I, Supv.	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

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