STATE OF NEW MEXICO ENERGY AND MIMERALS DEPARTMENT

MOITUBIATZIO		
SANTA FE		
FILE	L	
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-103 Revised 40-1-12

rice	Sa. Indicate Type of Leuse
U.S.G.S.	State X Fre
LAND OFFICE	5. State Oil 6 Gas Lease No.
OPERATOR	B-155-1
SUNDRY NOTICES AND REPORTS ON WELLS 100 NOT USE THIS FORM FOR PROPOSALS TO BRILL ON TO DEFPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 100 NOT USE THIS FORM FOR PERMIT (FORM G-101) FOR SUCH PROPOSALS.)	
1.	7. Unit Agreement Name
OIL X GAS OTHER-	
2. Name of Operator	8. Farm or Lease Name
TEXACO Inc.	N.M. "O" St. NCT-1
3. Address of Operator	9. Well No.
•	17
P. O. Box 728, Hobbs, New Mexico, 88240	10. Field and Pool, or Wildcat
760 South 2080	Vacuum (Wolfcamp)
UNIT LETTER N 760 FEET FROM THE SOUTH LINE AND 2080 FEET FROM	
· · · · · · · · · · · · · · · · · ·	
THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.	
: 15. Elevation (Show whether DF, RT, GR, etc.)	12. County
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4008' (DF)	
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPORABILY ABANDON COMMENCE DESILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	. —
OTHER	
Shut-in Extension X	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any proposes
winny was now a reco	

REMARKS

	5.	DATE OF FUTURE WORKOVER OR PLUGGING - 4th Quarter, 19	903		
•					
		when the information shows is true and complete to the best of my knowledge and belief.			
18. I her	reby cer	tify that the information above is true and complete to the best of my knowledge and belief.		10.1.	
18. I her	reby cer	rify that the information above is true and complete to the best of my knowledge and belief. TITLE ASST. Dist. Manager	OATE_	10-1-	32
18. I her	reby cer	Asst. Dist. Manager J. A. Schaffer	OATE_	10-1-1	32 1987
18. I her	P av	J. A. Schaffer	DATE_		
\$16HEB	(Asst. Dist. Manager J. A. Schaffer			