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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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator TEXACO Inc.		8. Form or Lease Name New Mexico "O" State
3. Address of Operator P.O. Box 728 - Hobbs, New Mexico 88240		9. Well No. NCT-1
4. Location of Well UNIT LETTER <u>G</u> <u>1900</u> FEET FROM THE <u>North</u> LINE AND <u>1900</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17-S</u> RANGE <u>34-1</u> N.M.P.M.		10. Field and Pool, or Wildcat Vacuum Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 4007' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Shut Well In

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.

Subject well shut in effective 7:00 A.M., November 11, 1970. It is recommended that subject well be reclassified from its present producing status to ASD (Abandoned-Salvage Deferred) - Held for spare casing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Assistant District Superintendent DATE November 16, 1970

APPROVED BY [Signature] TITLE DATE
CONDITIONS OF APPROVAL, IF ANY: