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LAND OFFICE		
OPERATOR		

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator TEXACO Inc.		8. Farm or Lease Name NCT-1 New Mexico '0' St.
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 19
4. Location of Well UNIT LETTER F 2179 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Vacuum Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 4011' (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 checked="" 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 type="checkbox"/>

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.

1. Pumped 20 gals. surfactant mixed in 20 Bbls. water & followed by 165 gals. scale converter down vent string.
2. Pumped 165 gals. scale converter down Glorieta string.
3. Well Shut-In.
4. Well classified TR-O, Held For Addl. Study 1-13-76.

Ex. price 1/13/77

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

SIGNED *U. S. Supt.* TITLE Asst. Dist. Supt. DATE 1-16-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: