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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-55

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 <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator		8. Farm or Lease Name	
TEXACO INC.		New Mexico "6" St. (NCT-1)	
3. Address of Operator		9. Well No.	
P.O. BOX 728, HOBBS, NEW MEXICO 88240		22	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER <u>M</u> <u>500</u> FEET FROM THE <u>South</u> LINE AND <u>560</u> FEET FROM		Vacuum Blinbry	
THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17S</u> RANGE <u>34E</u> NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
4010' DF		Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☒

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

REMARKS

1. WELL STATUS - Abandoned Salvage Deferred
2. TEMPORARY ABANDONMENT DATE - September, 1970
3. REASON FOR ABANDONMENT - Not profitable to operate

4. FUTURE PLANS - Will be used as a vent string when waterflooding operations start in the Glorieta Zone.

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1977

Expires 10/1/75

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 10-29-74
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: