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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 Fee

5. State Oil & Gas Lease No.
B-155-1

7. Unit Agreement Name

8. Farm or Lease Name **NCT-1**
New Mexico "O" St.

9. Well No.
22

10. Field and Pool, or Wildcat
Vacuum Glorieta

12. County
Lea

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 GAS WELL OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **M** **500** FEET FROM THE **South** LINE AND **560** FEET FROM
THE **West** LINE, SECTION **36** TOWNSHIP **17-S** RANGE **34-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4010 DF

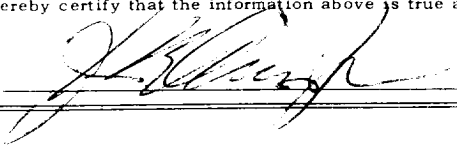
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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. Pulled Baker SN @ 5850'.
 2. Perforated 2 7/8 Casing w/ 1 JSPF from 5053-57'.
 3. Acidized w/ 4000 gals. 20% NEA.
 4. Tested Well.
 5. Shut Well In. Class as TR-0 (To Be Reconditioned Oil) 10-11-72.
- Please Cancel The Allowable On This Well.

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 **10-19-72**

APPROVED BY _____ TITLE _____ DATE **OCT 20 1972**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 17 1972

OFFICE OF CONSERVATION
BUREAU OF LAND MANAGEMENT