

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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-1722-1

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DEWATER, REFRAC, OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS" (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, NM 88240

4. Location of Well
UNIT LETTER **D** **550** FEET FROM THE **North** LINE AND **500** FEET FROM
THE **West** LINE, SECTION **30** TOWNSHIP **17 S** RANGE **35 E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
N. M. St. IN

9. Well No.
8

10. Field and Pool, or Wildcat
Vacuum Glorieta

15. Elevation (Show whether DF, RT, GR, etc.)
4002' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Set CIBP @ 6200' in Glorieta csg.
Set RBP @ 5951' in Glorieta csg.
Glorieta zone abandoned 10-28-74

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

SIGNED *J. Schaffer* TITLE Asst. Dist. Supt. DATE 10-30-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: