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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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|--|------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. B-155-1 | |
| 7. Unit Agreement Name | |
| 8. Farm or Lease Name New Mexico "0" State | |
| 9. Well No. 16 | |
| 10. Field and Pool, or Wildcat Vacuum Blinebry | |
| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. Name of Operator TEXACO Inc. |
| 3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240 |
| 4. Location of Well UNIT LETTER H 990 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 36 TOWNSHIP 17S RANGE 34E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4002 (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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Status change <input checked="" 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. | |

Ran CIBP in Blinebry string and set @ 6650'. Blinebry abandoned June 26, 1974.
Subject well is a single completion in the Vacuum Glorieta.

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 **July 3, 1974**

APPROVED BY [Signature] TITLE **Joe P. Agency** DATE _____

CONDITIONS OF APPROVAL, IF ANY: **Dist. I, Supt.**