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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 TEXACO Inc.		8. Farm or Lease Name New Mexico #0" State
3. Address of Operator P.O. Box 728 - Hobbs, New Mexico 88240		9. Well No. NCT-1 16
4. Location of Well UNIT LETTER H, 990 FEET FROM THE East LINE AND 1080 FEET FROM THE North LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-N NMPM.		10. Field and Pool, or Wildcat Vacuum Blinebry
15. Elevation (Show whether DF, RT, GR, etc.) 4002' DF		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

## SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Subject well shut in effective 7:00 A.M., November 11, 1970. It is recommended that subject well be reclassified from its present producing status to ASD (Abandoned - Salvage Deferred) - Held for spare casing.

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE November 16, 1970

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: