OF UPIES RECEIVED					Form C-103	211		
DISTRIBUTION						Supersedes Old C-102 and C-103		
SANTA FE	NEV XI	ICO OIL CONS	ERVATION COMMISSION	4	Effective 1-1	-65		
FILE								
u.s.g.s.					5a, Indicate Typ		וריין	
LAND OFFICE					State	Fee.	للاا	
OPERATOR .]				5. State Oil & G	as Lease No.		
					· · · · · · · · · · · · · · · · · · ·	······································	~~~	
IDO NOT USE THIS FORM FOR		REPORTS ON PLUG B	ACK TO A DIFFERENT RESERV	018.				
I. OIL X GAS WELL X	OTHER-	•			7. Unit Agreeme	nt Name		
2. Name of Operator					8. Farm or Leas	e Name		
TEXACO Inc.						J. R. Phillips		
3. Address of Operator						9. Well No.		
P. O. Box 728, Hobbs, New Mexico 88240						•		
4. Location of Well						10. Field and Pool, or Wildcat		
UNIT LETTER D 660 FEET FROM THE NORTH LINE AND 660 FEET FROM					Monument	Blinebry	777	
THE West LINE, SECTION 6 TOWNSHIP 20S RANGE 37E NMPM.								
15. Elevation (Show whether DF, RT, GR, etc.)					12. County	<i>-1</i> 4444	<i>\}</i>	
3583' DF					Lea		////	
	7777777			0.1	<u> </u>		-777	
	ck Appropriate Box T f INTENTION TO:	o Indicate N			REPORT OF	:		
							_	
PERFORM REMEDIAL WORK	PLUG AN	ND ABANDON	REMEDIAL WORK	님		RING CASING	님	
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS	Ħ	PLUG	AND ABANDONMEN	ا ا	
PULL OR ALTER CASING	CHANGE	PLANS	CASING TEST AND CEMENT	JOE				
OTHER Extension Req	uest	X	OTHER				_ [_]	
OTHER LACTION NO.								
17. Describe Proposed or Complete work) SEE RULE 1103.	d Operations (Clearly state	all pertinent deta	ils, and give pertinent dat	es, including	estimated date of	starting any pro	posed	
REHARKS	٠.							
7					•, •			
1. MELL STATUS -	TR-0 (To Be Reco	onditioned-	·0i1)					
2. TEMPORARY ABA	NDONMENT DATE - S	September,	1965					
3. REASON FOR AB	ANDONMENT - Produ	icing 100%	vater					
·								
4. FUTURE PLANS	- An attempt will	be made t	co complete the v	ell in t	he Blinebr	y zone and		
			cessful, the well	l will be	:plugged a	nd abandon	ed.	
5. DATE OF FUTUR	E WORKOVER OR PLU	IGGING - 7	976					
			1					
				0.020	110	,		
			-1/14-	16/642)	10-,	'- <i>16</i>		
			/			\mathcal{L}		
	Man ob our Sa Association	lata to the back	of my knowledge and hatinf					
18. I hereby certify that the informa	ition above is true and comp	iete to the best (a my knowledge and belief	•				
(11/1/m)		_			30.	7 77		
SIGNED	<u>-/</u>	TITLE ASS	t. Dist. Supt.		DATE 10-7	<u>'-/5</u>		
- 1	in an area	· · · · · · · · · · · · · · · · · · ·						
	tig. Signal by		•					
APPROVED BY	es Germany	TITLE			DATE		_	
CONDITIONS OF APPROVAL, IF	K Gas (=)	•						