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 [X] Fee [ ]

5. State Oil & Gas Lease No.
B-160

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Texaco Inc.

8. Farm or Lease Name
New Mexico "H" State NCT-1

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

9. Well No.
1

4. Location of Well
UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 20-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
3550' (DF)

12. County
Lea

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [X]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

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. Set CIBP at 3700'.
2. Spot 35' (8 sx) cement on CIBP.
3. Load hole with mud (25 sx gel per 100 bbls. water).
4. Cut 7" casing at freepoint and pull.
5. Spot 100' (50 sx) cement plug across casing stub.
6. Spot 100' (45 sx) cement plug across 9-5/8" Casing shoe.
7. Perforate 9-5/8" casing at 260'. Cement squeeze with 100 sx (100' cement across surface casing shoe).
8. Spot 20' (10 sx) cement plug at surface.
9. Install marker and c~ean location.

THE COMMISSION MUST BE NOTIFIED AND ADVISED PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS OR [illegible]

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 09/28/76

APPROVED BY [signature] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: