NO. OF COPIES RECEIVED				Form C-103 Supersedes	Old	
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SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION			Effective 16)- 65	
FILE				C		
U.S.G.S.			i	5a. Indicate Ty		
LAND OFFICE				5. State Oil & C		
OPERATOR				5. State Off & C	ads Lease No.	
				mmm	mmm	
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.)						
(DO NOT USE THIS FORM FOR USE **APPL	PROPOSALS TO SELL OR TO BEEP ICATION FOR PERMIT -** (FORM C-	101) FOR SUCH PROPOSALS.)		7. Unit Agreem	ent Name	
OIL GAS T				/, с		
WELL A OTHER-					se Name	
2. Name of Operator				(+ + + + 11A	State "A" A/c-1	
TEXAS PACIFIC OIL COMPANY					9. Well No.	
3. Address of Operator P. O. Port 1040. Make New Assiss					19	
P.O. Box 1069 - Hobbs, New Mexico					10. Field and Pool, or Wildcat	
4. Location of Well E 1650 FEET FROM THE NOTTH LINE AND 230 FEET FROM				Jalmat		
UNIT LETTER	FEET FROM THE	LINE AND	FEET FRO	THITTI ME		
West	ECTIONTOWNSH	23 - 5	36 - E			
THELINE, S	ECTION TOWNSH	IPRANGE _	NMPI	(<u> </u>		
mmmmm	15 Fievation (S	how whether DF, RT, GR, e	tc.)	12. County		
3431° CR				Lea		
			otice Report of C	ther Data		
	ck Appropriate Box To	indicate Nature of No	SUBSECUE	NT REPORT O	F:	
NOTICE O	F INTENTION TO:		30032432	11 112. 011.		
	PLUG AND A	ABANDON REMEDIAL WO	8 K	ALT	ERING CASING	
PERFORM REMEDIAL WORK	PEUG AND A	- L	RILLING OPNS.	PLU	G AND ABANDONMENT	
TEMPORARILY ABANDON	CHANGE PL		AND CEMENT JOB			
PULL OR ALTER CASING	CHANGE PL	· · · · · · · · · · · · · · · · · · ·	Te	er orarily	handoned	
OTHER						
17. Describe Frogosed or Complet	ed Operations (Clearly state all	pertinent details, and give	pertinent dates, includi	ng estimated date	of starting any proposed	
work) SEE RULE 1103.	•					
Held for possible s	econdary recovery.					
18. I hereby certify that the inform	mation above is true and comple	te to the best of my knowled	ge and beliet.			
Original Sig						
Sheldon \	Va f d	title <u>area Supe</u>	rintendent	DATE	5-10-67	
SIGNED						
	`	TITLE		⇒ATE		
APPROVED BY	- ANV					
CONDITIONS OF APPROVAL, I	ANY:					