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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 <input type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.
NONE

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	NONE
3. Address of Operator	8. Farm or Lease Name
TEXACO Inc.	W. L. Nix
4. Location of Well	9. Well No.
UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>22-S</u> RANGE <u>38-E</u> NMPM.	Drinkard
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3385' (D. F.)	Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input 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.

Total Depth - 7220'
7 5/8" O. D. Casing Cemented at 1354'

Ran 7203' of 2 7/8" O. D. Casing, 6.50 LB, J-55, NEW, and cemented at 7215' with 400 Sx. Class "C" 8% gel with FRA, plus 400 Sx. Class "C" 4% gel. Plug at 7198'. Job complete 2:00 A. M. January 10, 1965.

Tested 2 7/8" O. D. Casing for 30 minutes with 2500 P. S. I. from 2:45 P. M. to 3:15 P. M. January 10, 1965. Tested O. K. Job complete 3:15 P. M. January 10, 1965.

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

SIGNED H. D. Raymond TITLE Assistant District Superintendent DATE January 11, 1965.

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: