DITRIBUTION IT VEE NEW MEXICO OIL CONSERVATION COMMISSION E	Supersedes Old
NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
	Effective 1-1-65
	5a. Indicate Type of Lease
LAND OFFICE	State X Fee
OPERATOR	5. State Oil & Gas Lease No.
	B-158
SUNDRY NOTICES AND REPORTS ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
	7, Unit Agreement Name
OIL X GAS WELL OTHER-	
, Name of Operator	8. Farm or Lease Name
TEXACO INC.	New Mexico "BZ" St. NCT
. Address of Operator	9. Well No.
F.0. BOX (20, 1022)	10. Field and Pool, or Wildcat
Location of Well	1
UNIT LETTER I , 1980 FEET FROM THE SOUTH LINE AND 660 FEET FRO	Manglie Mattix
THE East LINE, SECTION 16 TOWNSHIP 23S RANGE 37E NMPH	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3391' GR	Lea
6. Check Appropriate Box To Indicate Nature of Notice, Report or O	ther Data
	IT REPORT OF:
NOTICE OF INTENTION TO: SUBSEQUEN	TREPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ASAHDON COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	. —
OTHER	
OTHER	
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	as estimated date of starting any proposed
work) SEE RULE 1103.	is commended to a comment of the commended to the commend
REMARKS	
1. WELL STATUS - TR-O (To Be Reconditioned-Oil)	
2. TEMPORARY ABANDONMENT DATE - December, 1973	
3. REASON FOR ABANDONMENT - Not profitable to operate.	
,, o protestate to exercise	
4. FUTURE PIANS - To be used in a proposed Secondary Recovery Proje	ect.
tte rototm indio - 10 be used in a biobosed percurary recover, itoge	
	:
5. DATE OF FUTURE WORKOVER OR PLUGGING - 1975	:
	:
	11/25
	10/1/75
	10/1/75
	10/1/75
Espires	10/1/75
Espires	10/1/75
16. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Espires	10/1/75 DATE 10-21-74
16. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ASST. Dist. Supt.	
Orig. Signed by	DATE 10-21-74
16. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ASST. Dist. Supt.	