NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X
OPERATOR		5. State Oil & Gas Lease No. <b>B-158-3</b>
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 X GAS WELL X	OTHER-	7 Unit Agreement Nume
2. Name of Operator		P Fann or Lease Fare
TEXACO Inc.		New Mexico 'BZ' State NC
3. Address of Operator		· Weli No.
P. O. Box 728, Hobb	os, New Mexico 88240	4
4. Location of Well		17. Field and Pool, or Vilta it
UNIT LETTERM	660 FEET FROM THE South LINE AND 989 FEET F	Justis Blinebry
	rion 2 TOWNSHIP 25-S RANGE 37-E NA	
	15. Elevation (Show whether DF, RT, GR, etc.)  3151 (DF)	Lea
15. Check	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
		ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	A. 7571115 (A.O.)
TEMPORARILY ABANDON	COMMENCE DE ILLING CANS.	ALTERING CAPING
PULL OR ALTER CASING	CHANGE PLANS CARTEST PAISES	PECG AND DESCRIPTION OF THE PECCHANICAL PROPERTY OF THE PE
THE SHIP CASING	OTHER.	
OTHER		
17. Describe Proposed or Completed ( work) SEE RULE 1703.	Operations (Clearly state all pertinent details, and give pertinent dates, inclu	uling estimated date of stortin, also proposed
,		
TEXACO Inc. propose	s to do the following work on subject well:	
1. Pull rods and p	•	
2. Set CIBP in 2-7	7/9" @ 5500' and dump 5' Hydromite on top.	
37, 61, 79, 87,	" w/l JSPI @5273, 75, 79, 80, 83, 85, 91, 97, 99, 5404, 12, 15, 21, 24, 30 and 5439'.	
check for chann		· · · · · · · · · · · · · · · · · · ·
5/8" ball seale		
gal Mark II ado	als gelled lease crude containing l# 20/40 san mite and 60#/1000 gal gelling agent. Use unit	nd per gal, 25#/1000 Deads as blocking
agent.		
7. Swab, run pump	and rods, test and return to production.	
18 I hereby certify that the information	on above if true and complete to the best of my knowledge and belief.	
18: Thereby certify that the manner		
4-11	Assistant District	Mamak o hogo
SIGNED	THE Superintendent	DATE March 3, 1970
	100	
- 1/1 - 1/1/1/1 × 1	Allenn to me	!
APPROVED BY	· Calledon TITLE	STAC
CONDITIONS OF APPROVAL, IF AN	14:	