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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  Fee

5. State Oil & Gas Lease No.  
**B-1306**

**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- 2. Name of Operator <b>TEXACO Inc.</b> 3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b> 4. Location of Well UNIT LETTER <b>L</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>1</b> TOWNSHIP <b>18-S</b> RANGE <b>34-E</b> NMPM.	7. Unit Agreement Name <b>Vacuum Grayburg San Andres Unit</b> 8. Farm or Lease Name  9. Well No. <b>25</b> 10. Field and Pool, or Wildcat <b>Vacuum Grayburg San Andres</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4005 DF</b>	12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON   
 PULL OR ALTER CASING  CHANGE PLANS   
 OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
 CASING TEST AND CEMENT JOB   
 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. Pulled rods and tubing. Ran GR-N log w/ caliper.
2. Ran 3½" frac tubing and packer, set packer @ 4025.
3. Fraced up hole from 4095-4685 w/ 30,000 gals. emulsifrac in 3/ 10,000 gals. stages separated w/ 800# rock salt between stages, preceeded ea. stage w/ 500 gals. 15% NEA.
4. Pulled 3½" frac tubing and packer.
5. Ran tubing and rods, return to production.
6. On 24 hour test, 8-18-73, pumped 256 BNO, 27 BLW, gravity 35.9, GOR 2290.

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

SIGNED  TITLE **Asst. Dist. Supt.** DATE **8-20-73**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: