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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-371

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  GAS WELL  OTHER

2. Name of Operator  
Texaco, Inc.

3. Address of Operator  
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well  
UNIT LETTER L 3130 FEET FROM THE South LINE AND 810 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 17-S RANGE 34 E NMPM.

7. Unit Agreement Name  
West Vacuum Unit

8. Farm or Lease Name  
West Vacuum Unit

9. Well No.  
54

10. Field and Pool, or Wildcat  
Vacuum Grayburg San Andres

11. Elevation (Show whether DF, RT, GR, etc.)  
4047' (GR)

12. County  
Lea

16. 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 checked="" 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.

SPUD 15" Hole, 3:30 p.m., 1/16/81  
TOTAL DEPTH 365'

- Ran 353' (9 Jrs.) 11 3/4" OD 42# H-40 Csg & set @ 365'.
- Cemented w/400 sx. class 'H' cement containing 2% CaCl. cement circulated. Job complete 1:00 a.m., 1/17/81. WOC in excess of 18 hrs.
- Tested 11 3/4" csg to 600# for 30 minutes, 11:00-11:30 p.m., 1/17/81. Tested OK. Job complete 11:30 p.m., 1/17/81.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 1/19/81

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE JAN 21 1981

CONDITIONS OF APPROVAL, IF ANY: