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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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-10695	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR WELLS AND OIL FIELDS OR OIL FIELDS WHICH HAVE BEEN PRODUCING FROM A DIFFERENT RESERVOIR. (SEE INSTRUCTIONS TO THE WELLS AND OIL FIELDS REPORT FOR A DIFFERENT RESERVOIR.)		
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name	
2. Name of Operator	West Vacuum Unit	
3. Address of Operator	8. Name of Lease Name	
TEXACO, Inc.	West Vacuum Unit	
P.O. Box 728, Hobbs, New Mexico 88240	9. Well No.	
4. Location of Well	10. Field and Pool, or Wildcat	
UNIT LETTER I 2310 FEET FROM THE North LINE AND 410 FEET FROM	Vacuum Grayburg	
THE East LINE, SECTION 3 TOWNSHIP 18-S RANGE 34-E N.M.P.M.	San Andres	
11. Elevation (Show whether DF, RT, GR, etc.)	12. County	
4022' (DF)	Lea	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING CPNS. ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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. Pull rods & pump. Install BOP. Pull Tubing.
2. Acidize open hole section 4351'-4820' w/1000 gals. 15% NE Acid followed by 3000 gals. 15% gelled NE Acid in 3-equal stages using 500# rock salt between stages. Flush w/50 Bbls. water. Swab Well.
3. Install pumping equipment. Test & return to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>[Signature]</u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>5-24-76</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		