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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-1080-1

7. Unit Agreement Name

8. Farm or Lease Name
New Mex. "M" State

9. Well No.
12

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

12. County
Lea

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 **F**, **1390** FEET FROM THE **North** LINE AND **2580** FEET FROM THE **West** LINE, SECTION **1** TOWNSHIP **18-S** RANGE **34-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3991' GR

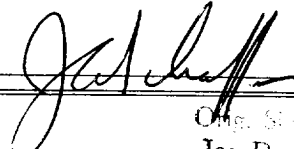
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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 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.

TD 4800' 8 5/8" casing set @ 358'.
 Ran 4790' (154 Joints) 4 1/2" 9.5# casing set @ 4800'.
 Cemented w/ 450 sx. Class 'C' 12% gel & 200 sx. Class 'C'
 Cement w/ 10# Sact/ sx. Complete @ 8:45 AM 2-12-73.
 Tested 4 1/2" Casing w/ 1500# from 11:15-11:45 AM 2-15-73.
 Tested OK.

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 2-16-73

APPROVED BY Joe D. Rainey TITLE _____ DATE _____
Dist. I, Supv.

CONDITIONS OF APPROVAL, IF ANY: