

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103 -
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-871-1	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name North Vacuum Abo West Unit
2. Name of Operator Texaco Inc.		8. Farm or Lease Name
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240		9. Well No. 23
4. Location of Well UNIT LETTER <u>D</u> <u>510</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or WHdcat Vacuum Abo North
15. Elevation (Show whether DF, RT, GR, etc.) 4055 (DF)		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPHS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input 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.

1. MIRU. Pull rods and pump. Install BOP. Pull tubing.
2. TIH with bit. Clean out wellbore to 8817' PBTD. POH.
3. TIH with packer. Acidize perforations 8691-8790' with 6000 gals. 20% NEFE XL HCl.
4. Swab back fines.
5. POH. Run production equipment.

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

SIGNED A. Gernandt 393-4031 TITLE Area Superintendent DATE _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 23 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 23 1987

OCD

HOBBS OFFICE