

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-1080-1

SUNDRY NOTICES AND REPORTS ON WELLS  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.

1.  OIL WELL  GAS WELL  OTHER- **Water Injection Well**

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

7. Unit Agreement Name  
**Vacuum Grayburg San Andres Unit**

8. Form of Lease Name  
**Vacuum Grayburg San Andres Unit**

9. Well No.  
**49**

15. Elevation (Show whether DF, RT, GR, etc.)  
**3991' (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  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING

TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT

PULL OR ALTER CASING  OTHER  CASING TEST AND CEMENT JOBS

OTHER  OTHER **Test for Channel behind Casino**

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. Rig up. Install BOP. Pull tubing and packer.
2. Set cement retainer @ 4175'.
3. Perforate 4-1/2" csg w/2 JSPF from 4065-4067'. Test.
4. Set cement retainer @ 3980'. Squeeze perforations 4065-4067' w/150 sx. Class C cement.
5. DOC. Test cement for 30 minutes 10:00-10:30 A.M. 1-15-77. Tested O.K.
6. Drill cement retainer.
7. Install injection equipment. Test and return to injection.

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

SIGNED [Signature] TITLE **Asst. District Supt.** DATE **1-24-77**

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: