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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**

7. Unit Agreement Name

8. Farm or Lease Name  
**Vacuum Grayburg San Andres Unit**

9. Well No.  
**41**

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** **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM  
THE **West** LINE, SECTION **1** TOWNSHIP **18-S** RANGE **34-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
**4003 DF**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

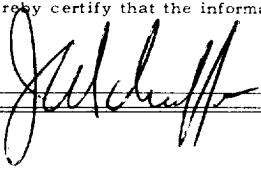
ALTERING CASING

PLUG AND ABANDONMENT

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. Pulled rods.
2. Acidized open hole 4445-4710' w/ 1500 gals. 15% NEA.
3. Pulled 2-7/8" tubing, ran 3-1/2" frac tubing and packer, set packer in 4-5/8" open hole @ 4384.
4. Fraced op hole 4475-4710' w/ 30000 gals. emulsifrac in 3/ 10000 gal. stages separated w/ 400# rock salt, preceded each stage w/ 500 gals. 15% NEA.
5. Pulled 3-1/2" frac tubing and packer.
6. Ran 2-7/8" tubing and rods, returned to production.
7. On 24 hour test, 8-13-73, pumped 173 BNO, 4 BLW, Gravity 36, GOR 2389.

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

SIGNED  TITLE **Assist. Dist. Superintendent** DATE **8-14-73**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: