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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-1306-1

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR A PROPOSAL TO DRILL OR TO REOPEN OR FLOOD BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL FROM C-1031 FOR SUCH PROPOSALS.

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	7a. Field and Pool or Wildcat Vacuum Grayburg San Andres Unit
2. Name of Operator TEXACO Inc.	7b. Form of Association Vacuum Grayburg San Andres Unit
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. J 19
4. Location of Well UNIT LETTER N 1310 FEET FROM THE South LINE AND 2540 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4000' (DF)	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 <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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. Pull tubing and packer.
2. Ran packer & set @ 4520'.
3. Treat 4-1/2" csg perforations 4536-4610' w/2 Bbls. Pretreat followed by 30 sx T-Z pill and 20 Bbls. brine @ 800#.
4. Treat w/2 Bbls. pretreat and 15 sx T-Z Pill and 4 Bbls. brine. Followed w/2 Bbls post-treat. Pumped @ 2000#.
5. Treat w/6 Bbls T-Z Pill and 700# coarse sluggish plugging material.
6. Test well. Tested 1250 BWPD @ 650#.
7. 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 **3-30-76**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: