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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 [X] Fee [ ]

5. State Oil & Gas Lease No.
B-871

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name
West Vacuum Unit

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
West Vacuum Unit

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.
31

4. Location of Well
UNIT LETTER **N**, **660** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **33** TOWNSHIP **17 S** RANGE **34 E** NMPM.

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

15. Elevation *(Show whether DF, RT, GR, etc.)*
4046 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	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER **Deepen Well**	[X]			OTHER	[ ]		

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 rods and tubing.**
2. **Drill 75' to TD of 4800'.**
3. **Spot 200 gals 20% NEA across new hole.**
4. **Acidize open hole 4725-4800 w/5000 gals 20% NEA inn2 equal stages @/200# rock salt between stages. Flush w/40 bbls treated fresh water.**
5. **Run pumping equipment and return to production.**

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

SIGNED [signature] TITLE **Asst. Dist. Supt.** DATE **January 27, 1975**

APPROVED BY Orig. TITLE DATE JAN

CONDITIONS OF APPROVAL, IF ANY: