

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-2146

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Central Vacuum Unit
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240	9. Well No. 82
4. Location of Well UNIT LETTER K , 1333 FEET FROM THE South LINE AND 2528 FEET FROM THE West LINE, SECTION 36 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.) 3994' (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 <input type="checkbox"/>	REMEDIAL WORK <input 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 checked="" 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.

Total Depth 4800'.
13 3/8" OD 54.5# K-55 Casing Set @ 351'.
9 5/8" OD 32# K-55 Casing Set @ 1500'.
7" OD 20# & 23# K-55 Casing Set @ 2760'.

1. Ran 4788' (112Jts.) 4 1/2" OD 10.5# K-55 Csg. & set @ 4800'.
2. Cemented w/750 sx. class "C" Cement; cement did not circulate. Job complete 7:00 AM 2-12-79. WOC in excess of 18 hrs.
3. Tested 4 1/2" csg. w/1500 # for 30 minutes, 4:00-4:30 PM, 2-17-79. Tested OD. Job complete 4:30 PM, 2-17-79.

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 2-26-79

APPROVED BY Jerry Sexton TITLE _____ DATE _____
Diet L. Supw.

CONDITIONS OF APPROVAL, IF ANY: