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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1733
7. Unit Agreement Name -
8. Farm or Lease Name New Mexico 'L' State
9. Well No. 1
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 **G**, **1980** FEET FROM THE **East** LINE AND **1980** FEET FROM
THE **North** LINE, SECTION **1** TOWNSHIP **18S** RANGE **34E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3,998' DF

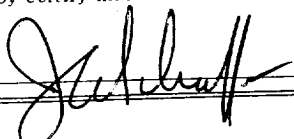
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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 JOBS <input type="checkbox"/>
OTHER Deepen <input checked="" 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. Deepen well to 4,710' w/reverse equipment.
3. Run SNP log w/caliper across open hole section.
4. Set open hole packer below gas section and test new zone.
5. Acidize if necessary w/3000 gals 15% NEA.
6. Swab, test 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  TITLE Assistant District Superintendent DATE May 1, 1972

APPROVED BY Joe D. Ramsey TITLE Dist. I, Supv. DATE MAY 2 1972

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

11 1 1972

U.S. OBSERVATION CORP.
10000 N. 10000