

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TITLE	
U.S.G.A.	
LAND OFFICE	
OPERATION	

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1306

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.)

6. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name Vacuum Grayburg San Andres Unit
8. Name of Operator TEXACO Inc.	8. Form or Lease Name Vacuum Grayburg San Andres Unit
9. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240	9. Well No. 10
10. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 4007' (DF)	12. County Lea

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	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. Rigged up. Pull rods & pump. Install BOP. Pull tubing. Log well.
2. Set pkr @ 4080'. Acidize open hole 4135-4710' w/4000 gals 20% NE acid in 3 stages using a total of 1200# Rock Salt & Benzoic Acid Flakes between stages.
3. Install pumping equipment. Test & return to production.

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

SIGNED *Jerry Sexton* TITLE Asst. Dist. Supt. DATE 8-30-79

APPROVED BY Orig. Signed By Jerry Sexton TITLE DATE AUG 30 1979

CONDITIONS OF APPROVAL, IF ANY: Dist 1. Supt.