

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

TEXACO Inc.

Address of Operator

P.O. Box 728, Hobbs, New Mexico 88200

Location of Well

UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE, SECTION 2 TOWNSHIP 18-S RANGE 34-E NADPAC

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

4022' (DF)

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-1189

7. Unit Agreement Name

Vacuum Grayburg San

Andres Unit

8. Name of Lease Name

Vacuum Grayburg San

Andres Unit

9. Well No.

22

10. Field and Pool, or Wildcat

Vacuum Grayburg
San Andres

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 JOBS ☐

OTHER ☐

OTHER Repair Water Flow ☒

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. Rig up. Pull production equipment. Install BOP.
2. Set RBP @ 3000' & spot 10' sand on plug.
3. Perforate 5-1/2" casing w/2 JS @ 1713'.
4. Set cement retainer @ 1650' & establish circulation. Cement w/520 sx. Class "H" cement containing 2% CaCl. Squeeze w/250 sx. Class "H" cement containing 2% CaCl. Circulate cement, if possible. WOC. DOC. Test. Run temperature survey if cement does not circulate.
5. Pull RBP.
6. Install production 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 [Signature]

TITLE Asst. Dist. Supt.

DATE 11-11-80

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: