

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
P-10005	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator		West Vacuum Unit
3. Address of Operator		8. Farm or Lease Name
P. O. Box 720, Hobbs, New Mexico 88240		West Vacuum Unit
4. Location of Well		9. Well No.
UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>170</u> FEET FROM		10. Field and Pool, or Wildcat
THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>10-S</u> RANGE <u>34-E</u> NMPM.		Vacuum Grayburg
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
<u>4022' (DF)</u>		Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 @ 4100'.
3. Perforate 5 1/2" csg w/2-JS @ 1725'.
4. Set cement retainer @ 1675'. Cement perfs. @ 1725' w/250 sx. class 'H' cement. Circulate cement. Squeeze addl 150 sx class 'H' cement. VOC. DOC. Test Pull RBP.
5. 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 Assistant District Manager DATE 7/16/81
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: [Signature]