

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-10
Revised 1

5a. Indicate Type of Lease
State ☒ Fee
5. State Oil & Gas Lease No.

B-3936

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 West Vacuum Unit
2. Name of Operator Texaco Inc.	8. Farm or Lease Name West Vacuum Unit
3. Address of Operator P. O. Box 728 Hobbs, New Mexico 88240	9. Well No. 40
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 18-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4062' (DF)	12. County Lea

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMEN
CASING TEST AND CEMENT JOBS ☐
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 pro work) SEE RULE 1103.

1. Rigged up. Pull tubing & packer.
2. Set RBP @ 4000'.
3. Perforate 5½" Csg w/2-JS @ 1675'.
4. Set cement retainer @ 1440'. Cement perms @ 1675' w/500 sx, Class 'H' cement containing 2% CaCL. Cement circulated. Squeeze 60 sx Class 'H' cement. WOC. DOC. Tested Csg did not hold.
5. Set cement retainer @ 1567: Squeezed w/12 Bbls. Flochek. DOC & Junk. Tested to 500# for 30 minutes, 8:00-8:30 AM, 10-16-81.
6. Install injection equipment. Return to injection, 10-16-81.

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

SIGNED  TITLE **Asst. Dist. Mgr.** DATE **10-29-81**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: