Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energ, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-02291

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

5. Indicate Type of Lease
STATE ☒   FEE ☐

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

6. State Oil / Gas Lease No.
B-3936

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

7. Lease Name or Unit Agreement Name
WEST VACUUM UNIT

1. Type of Well: OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.
41

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat
VACUUM GRAYBURG SAN ANDRES

4. Well Location

Unit Letter ___B___ : ___330___ Feet From The __NORTH__ Line and _1650_ Feet From The __EAST__ Line

Section __4__   Township _18S_   Range _34E_   NMPM _____ LEA_ COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4048' DF

11.
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒   ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐   PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: _____ C/O, ACIDIZE, SCALE SQUEEZE _____ ☒

12. 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.

9-24-99: MIRU. TOH W/PMP & RDS.
9-27-99: TIH W/BIT & BAILER. C/O TO 4770'.
9-28-99: TIH W/PKR. SET @ 4347'. TEST CSG TO 300 PSI.
9-29-99: ACIDIZE W/1500 GALS 15% NEFE & 1000 LBS RK SLT.FLSH TO PERF W/BRINE. REL PKR. TIH W/PKR & TEST TBG. SET @ 4343'. SWAB.
9-30-99: SCALE SQUEEZE WELL.
10-01-99: REL PKR. RETURN TO PRODUCTION.
10-16-99: ON 24 HR OPT. PUMPED 16 BO, 79 BW, & 1 MCF.
FINAL REPORT

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

SIGNATURE _J. Denise Leake_ TITLE Engineering Assistant   DATE __11/04/1999__

TYPE OR PRINT NAME   J. Denise Leake   Telephone No. 397-0405

(This space for State Use)

APPROVED BY _____ TITLE_____ DATE **NOV 10 1999**

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0