

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1113-1

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG JACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Central Vacuum Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 98
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 484 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM.	10. Field and Pool, or Whident Vacuum Grayburg San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 3986' (GR)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

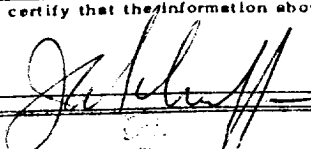
SUBSEQUENT REPORT OF:

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 ☐ Deepen in San Andres	CASING TEST AND CEMENT JOB ☐	

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 rods & pump. Install BOP. Pull tubing.
2. Deepen to 4710'. Log well.
3. Set packer @ approx. 4060'. Acidize open hole 4098' - 4710' w/7000 gal. 20% HCL Acid in 6-stages using 100# moth balls between stages. Flush.
4. Run 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  TITLE **Asst. Dist. Supt.** DATE **3-4-80**
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: