

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-103
Revised 10-1

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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 97
4. Location of well UNIT LETTER C 660 FEET FROM THE North LINE AND 1810 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3978' (GR)	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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Deepen in San Andres
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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. Rigged up. Pull rods, pump & tubing.
2. Deepen to 4725'. Log Well.
3. Set pkr. @ 4028'. Acidize open-hole 4099' - 4725' w/8000 Gals. 20% NEFE Acid in 4-stages using a total of 900# blocking agent between stages.
4. Install pumping 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 J. L. Chaffin TITLE Asst. Dist. Mgr. DATE 6-4-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: