

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 ☒	Fee ☐
5. State Oil & Gas Lease No.	
BB1113-1	

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 ☐ GAS WELL ☐ OTHER-

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P.O. Box 728, Hobbs, NM 88240

4. Location of Well
UNIT LETTER **E** **1980** FEET FROM THE **North** LINE AND **484** FEET FROM
THE **West** LINE, SECTION **6** TOWNSHIP **18-S** RANGE **35-E** NADPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3942' (GR)

7. Unit Agreement Name Central Vacuum Unit
8. Farm or Lease Name Central Vacuum Unit
9. Well No. 105
10. Field and Pool, or adjacent Vacuum Grayburg San Andres
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 JOBS ☐	
		OTHER ☐	

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. Pull tubing. Install BOP.
2. Deepen to 4705'. Log well. Clean out well.
3. Set pkr @ 4000'. Acidize open hole 4105-4705' w/12,000 gallons gelled 15% HCl & 12,000 gals. gelled pad in 4 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 *[Signature]* TITLE **Asst. Dist. Supt.** DATE **11-11-80**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: