

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.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1306	

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 - II" (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, New Mexico 88240

4. Location of Well  
UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM.

7. Unit Agreement Name  
Central Vacuum Unit

8. Farm or Lease Name  
Central Vacuum Unit

9. Well No.  
96

10. Field and Pool, or Wildcat  
Vacuum Grayburg  
San Andres

12. County  
LEA

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

3082' (DF)

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Repair Casing Leak ☒

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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. Install BOP. Pull tubing.
2. Set RBP @ 4080'.
3. Run 4075' 4" OD 9.5# FG Casing.
4. Cement 4"-5 1/2" Csg Annulus w/300 sx Class 'H' Cement. Circulate cement. Squeeze w/200 sx. Class 'H' Cement. WOC. Test. DOC.
5. Set pkr. @ 3800'. Acidize open-hole 4105'-4705' w/2000 gal. 15% NEEF Acid.
6. Install production equipment. Test & return to production.

THIS DOCUMENT IS NOT TO BE REPRODUCED  
24 HOURS AFTER THE DATE OF DEATH

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 12/19/80

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE