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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ Free ☐
5. State Oil & Gas Lease No.
B-1306

SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELLS IN 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. Form or Lease Name Central Vacuum Unit
3. Address of Operator P.O. Box 728, Hobbs, NM 88240	9. Well No. 96
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.	10. Field and Pool, or Wildcat Vacuum Grayburg - San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3982' (DF)	12. County Lea

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 ☒ **Deepen in San Andres & treat**

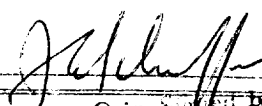
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
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. Install BOP. Pull tbq.
2. Deepen 30' from present TD of 4675' to 4705'. Log well.
3. Set pkr. @ 3450'. Acidize w/10,000 gal. 20% HCl-Acid in 4 stages using a total of 2400# rock salt & 1200# Benzoic Acid Flakes between stages.
4. Install pumping equipment. Test & place on 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 5-30-80
Orig. Signed by Jerry Sexton
APPROVED BY Dist. 1. Supt. TITLE _____ DATE JUN 2 1980
CONDITIONS OF APPROVAL, IF ANY: _____