STATE OF METE MEANING RGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA FC		
FILE		
U.\$.0.\$.		ļ
LAND OFFICE		<u> </u>
OFFRATOR	- 1	ŧ

OIL CONSERVATION DIVISION P. O. BOX 2088

Form	C-103
Revis	ed 10-

	SANTA FE, NEW	MEXICO'87501	
SANTA FE	SA((1) A . 2, 11 = 11		5a, Indicate Type of Lease
FILE			State X Fee
U.S.O.S.			
LAND OFFICE			5. State Cil & Gas Lease No.
OPERATOR			B-1306
			Julian IIII
SUNDRY NO SUNT SEU TON OOD OOL OOL OOL OOL OOL OOL OOL OOL OOL	STICES AND REPORTS ON	WELLS	
USE "APPLICATION FO	R PERMIT - " (FORM C-101) FOR SUC	H PROPOSALS.	7. Unit Agreement Name
OIL X GAB O	THER-		Central Vacuum Unit
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THEN		8. Farm or Lease Name
2. Name of Operator TEXACO Inc.			Central Vacuum Unit
			9. Well No.
P. O. Box 728, Hobbs, Ne	w Mexico 88240		102
			10, Field and Pool, or Widcat
4. Location of Well	D 1	1080	Vacuum Grayburg San Andres
Н 660	FEET FROM THE	LINE AND 1980 FEET FRE	"THITTING "
- · · ·			
Manth.	6 18-	S RANGE 35-E NMP	
THE LINE, SECTION	TOWNSHIP	RANGE	
	(6)	DE DT CR etc.)	12. County
	15. Elevation (Show whether 3983*	(DE)	
	7907	(DF)	
16. Chack Appl	Pay To Indicate N	Nature of Notice, Report or C	Other Data
		SUBSFOUE	NT REPORT OF:
NOTICE OF INTE	NTION TO:	30032401	
		REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	l r-1	PLUG AND ABANDONMENT _
TEMPORARILY ABANDON		COMMENCE DRILLING OPHS.	
	CHANGE PLANS	CASING TEST AND CEMENT JOB	-
PULL OR ALTER CASING		OTHER	
OTHER			
	11	1 and give pertinent dates, includ	ing estimated date of starting any proper
17. Describe Proposed or Completed Operat	ions (Clearly state all pertinent del	tuits, and give pertinent dates, meet	
work) SEE RULE 1103.			

- RIGGED UP. PULL RODS AND PUMP. INSTALL BOP. PULL TBG. 1.
- 2.
- CLEAN OUT TO 4710' (TOTAL DEPTH).
 SET PKR @ 3990'. ACIDIZE OPEN HOLE 4102-4710' W/8000 GALS 15% NEFE ACID, 1000# MOTH BALLS, & 1000# ROCK SALT.
- INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION.

CRIGINAL SIGNED BY JORRY SEXTON DISTRICT I SUPERVISOR		BATE NOV	- 5 1984
W.B. bile	Asst Dist Mgr	DATE	11 1-:-
18.1 hereby certify that the information above is true and co	mplete to the best of my knowledge and belief.	•	