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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (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 **F** **2310** FEET FROM THE **North** LINE AND **2230** FEET FROM
THE **West** LINE, SECTION **12** TOWNSHIP **13-S** RANGE **34-E** NMPM.

5. Elevation (Show whether DF, RT, GR, etc.)
3991' (GR)

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Form or Lease Name
New Mexico 'AE' State

9. Well No.
4

10. Field and Pool, or Wildcat
Vacuum Abo Reef

12. County
Lea

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

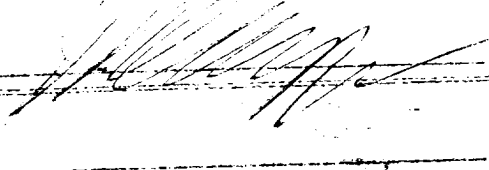
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☒ OTHER ☐ CASING TEST AND CEMENT JOBS ☐
OTHER _____

SUBSEQUENT REPORT OF:

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. Install BOP. Pull 2 1/16 tubing.
2. Set RBP in 2 7/8" Csg. @ 5000'. Put sand on plug.
3. Run free point. Cut 2 7/8" Csg. below 4550' & pull.
4. Run 4580' 5 1/2" Csg. & set down over 2 7/8" Csg. Cement w/550 Sx Class C Cement. WOC.
5. Drill out cement & plug. Clean out to 3700'.
6. Run combination 2 1/16" & 2 7/8" tubing string. Install two lift valves.
7. 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  TITLE **Asst. Dist. Surt.** DATE **10-26-77**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: