STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1031

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.)

7. Unit Agreement Name: -

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: New Mexico 'AB' State

2. Name of Operator: TEXACO Inc.

9. Well No.: 5

3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Vacuum Abo Reef

4. Location of well: UNIT LETTER J, 1650 ~~1980~~ FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3972' (GR)

12. County: Lea

16. 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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Repair Waterflow [X]		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 in Abo String @ 1300'.
3. Set RBP in abandoned 2 7/8" Drinkard String @ 1300' & spot 20' Sand on plug.
4. Perforate abandoned string w/2-shots @ 1100'.
5. Cement to surface 2 7/8" Csg perfs @ 1100' w/300 Sx. Class 'H' cement. WOC. DOC. Test.
6. Pull RBP from Abo. Install pumping equipment. Test & return to production.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCING WORK

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. Mgr. DATE 3-10-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: