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-1733-1

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.)

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

7. Unit Agreement Name: --

2. Name of Operator: Texaco, Inc.

8. Farm or Lease Name: New Mexico "L" State

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

9. Well No.: 7

4. Location of Well: UNIT LETTER A, 760 FEET FROM THE North LINE AND 560 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Vacuum Glorieta

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

12. County: Lea

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 Water Flow [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.

Texaco proposes to repair water flow in accordance with NMOCD Requirements prior to completing approved workover (C-103, Approved 2/21/80) for additional Glorieta Perforations

1. Rig Up. Install BOP. Pull plunger. Lift Valve.
2. Set RBP @ approximately 5900 & dump 10' sand on plug. Log Well.
3. Cement Squeeze 11 3/4" x 8 5/8" Csg Annulus w/725 sx. Class "C" Cement. WOC.
4. Run Temperature Survey. Test. Log Well.
5. Cement Squeeze 8 5/8" x 2 7/8" Csg Annulus w/400 sx. Class "c" Cement. WOC. Log & Test.
6. Pull RBP. Run production equipment. 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 J. A. Ruff TITLE Asst. Dist. Supt. DATE 12/3/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: