H-MULA OF COPIES	ECEIVED												
BANTA L				NEW MEXICO	OIL C	ONSER	VATIONE	FONMISSION	1	FORM C-103			
LANG OFFICE LANG OFFICE TANIMONTER OIL CARD OFFICE OIL CARD OFFICE OIL CONSERVATION BOD OFFICE OFFICE ON WELLS OFFICE ON OFFICE OFFICE ON OFFICE ON OFFICE										(Rev 3-55)			
PIGAATION OFFICE PIGAATION OFFICE OFERATOR (Submit to appropriate District Office as per Commission Rull 160b)													
Name of Company     Address       TEXACO Inc.     P. O. Box 728 - Hobbs, New Mexico													
Lease				Well No. Uni	Letter		Township		Range	;			
State of 1		.co "/		9	N	2	18	S-S		34 <b>-</b> E			
April 8, 1964 Vacuum Abo Reef								County Lea					
THIS IS A REPORT OF: (Check appropriate block)													
Beginning Drilling Operations       Casing Test and Cement Job       Other (Explain):         Plugging       Remedial Work													
Detailed account of work done, nature and quantity of materials used, and results obtained.													
·													
Total Depth - 9036' 8 5/8" O. D. Casing Cemented at 3222'													
Ran 9024; of 2 7/8" O. D. Casing, J-55, 6.50 LB, NEW, and cemented at 9036; with 300 Sx. Class "C" 8% gel FRA 4% salt, plus 1000 Sx. Class "C" 8% gel, plus 250 Sx. Class "C" 4% gel. Job complete 7:00 A. M. April 7, 1964.													
					~		17	D G =					
Tested 2 7/8" O. D. Casing for 30 minutes with 1000 P. S. I. from 7:00 A. M. to 7:30 A. M. April 8, 1964. Tested O. K. Job complete 7:30 A. M. April 8, 1964.													
									_				
Witnessed by	Witnessed by M. E. Crews Producti					Foreman TEXACO Inc.							
FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY ORIGINAL WELL DATA													
D F Elev.	D F Elev. T D			PBTD			Producing Interval		Con	Completion Date			
Tubing Diameter		L	Tubing Depth	1	Oil Stri	ing Diame	ter	Oil String	Depti	b			
Perforated Interv	al(s)		1		<u> </u>			·ł					
Open Hole Interval						Producing Formation(s)							
				RESULTS C	F WOR	KOVER		•					
Test	Date of Test		Oil Production BPD		iction	Water P	roduction PD	GOR Cubic feet/B	ы	Gas Well Potential MCFPD			
Before Workover													
After Workover													
1	ERVA.	TION COMMISSIO	N		I hereby certify that the information given above is true and complete to the best of my knowledge.								
Approved by						Name Hinacomunica							
Title (						Position H. D. Raymond Assistant District Superintendent							
Date	<u>.</u>							Company TEXACO Inc.					