

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002521634
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1258-1

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.)

7. Lease Name or Unit Agreement Name Vacuum Grayburg San Andres Unit
8. Well No. 1
9. Pool name or Wildcat Vacuum GB/SA

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator Texaco E&P, Inc.
3. Address of Operator P. O. Box 3109 - Midland, TX 79702

4. Well Location Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line Section 11 Township 18S Range 34E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4005 DF
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☒
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. 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.

Notify Buddy Hill NM OCD
5-15-95 25 sx @ 3800', Cal. TOC
5-15-95 45 sx @ 2800', Cal. TOC
5-15-95 55 sx @ 1700', Cal. TOC
5-15-95 45 sx @ 400' to 0'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE P&A Supervisor DATE 5/15/95

TYPE OR PRINT NAME James Calder TELEPHONE NO. 915/335-5080

APPROVED BY Jack Griffin TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: