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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1119-1	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Well Agreement No. Vacuum Grayburg San Andres Unit	
2. Name of Operator TEXACO Inc.		8. Form or Lease Name Vacuum Grayburg San Andres Unit	
3. Address of Operator P. O. Box 721, Hobbs, New Mexico 7240		9. Well No. 30	
4. Location of Well UNIT LETTER K 2530 FEET FROM THE South LINE AND 2130 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 10-N RANGE 34-E N.M.P.M.		10. Field and Pool, or Wildcat Vacuum Grayburg San Andres	
11. Elevation (Show whether DF, RT, GR, etc.) 4611' OR		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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Please Change the Lease Name & Well No. from
New Mexico "AC" State NCT-1 Well No. 12 to
Vacuum Grayburg San Andres Unit Well No. 30.

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

SIGNED 	TITLE Asst. Dist. Supt.	DATE 1-26-73
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		