

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1189-1	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

7. Use of Well	Vacuum Grayburg
8. Name of Lease	San Andres Unit
9. Well No.	15
10. Field and Pool or Wildcat	Vacuum Grayburg
	San Andres Unit
12. County	Lea

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>
2. Name of Operator <u>Texaco Inc.</u>
3. Address of Operator <u>P.O.Box 728, Hobbs, New Mexico 88240</u>
4. Location of Well UNIT LETTER <u>J</u> <u>1400</u> FEET FROM THE <u>South</u> LINE AND <u>2450</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <u>4009 (GR)</u>

16. 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"/>	
		OTHER <u>Cancell C-103</u> <input checked="" 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 1703.

Please cancell C-103, approved 11-9-77. Work will not be done at the present time.

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 12-11-81

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: