NO. OF COFFES RECEIVED		4.5	Form C-103
DISTRIBUTION			Supersedes Old C+102 and C+103
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	Effective 1-1-65
FILE	]		
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR	1		5. State Oil & Gas Lease No.
la contraction of the contractio			B-1733-1
SUNDE	RY NOTICES AND REPORTS ON	WELLS	
(DO NOT USE THIS FORM FOR PRI USE "APPLICAT	RY NOTICES AND REPORTS ON OPOSALS TO DRILL OR TO DEEPEN OF PLUG B	ACK TO A DIFFERENT RESERVOIR, H PROPOSALS.)	
1.			7. Unit Agreement Name
WELL GAS WELL OTHER. Injection			Vacuum Grayburg San Andres Unit
2. Name of Operator			8. Form or Lease Name Vacuum Grayburg
TEXACO Inc.			San Andres Unit
3. Address of Operator			9. Well No.
P. O. Box 728, Hobbs, N. M.			35
4. Location of Well			
UNIT LETTER			Vacuum Grayburg San Andres
UNIT LETTER,FEET FROM THELINE ANDFEET FROM			
THE ERST LINE, SECTION 1 TOWNSHIP 18-S RANGE 34-E NMPM.			
THELINE, SECTI	ON TOWNSHIP	RANGE 34-H NMPM.	
	15. Elevation (Show whether	DF. RT. GR. etc.)	12. County
	3988' GR	, , , , , , , , , , , , , , , , , , , ,	Lea
	<del>``````````</del>	432 1 8	
	Appropriate Box To Indicate N		
NOTICE OF II	NTENTION 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	
OTHER			
17. Describe Proposed or Completed O	perations (Clearly state all pertinent dete	pils, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.		,,	
· ·	2571 0 44-4 2011 1	-1 0 15 50	
TD	357' Spudded 121" H	ole 3-15-73.	
Pon 2/101 /0 T	(at-t-) 0 5 /01 60 //		
Rail 349. (9 J	oints) 8 5/8" 20# ca	sing set @ 357'	
Compand of a / 2	00 63 161		
cemented w/ 3	00 sx. Class 'C' cem	ent w/ 2% CaCl. Cem	ent Circulated.
Commisted & C	-20 50 2 1 5 50		
compresed a 2	:30 PM 3-15-73.		
Magtad 9 = /011	00000000016001600160	30 00 50 50 00 00	
rested o 5/6"	casing w/ 600# from	10:00-10:30 AM 3-16	<b>-7</b> 3
Mostod OV De	477 - 3		
rested OK. Dr	illed out plug & tes	ted $w/$ 600# from 11:	00-11:30 AM
3-16-73. <b>Tes</b>	ted OK.		
			4-4-4
18. I hereby certify that the information	n above is true and complete to the best of	or my knowledge and belief.	
SIGNED SUINGIF		Asst. Dist. Supt.	DATE 3-19-73
<del></del>	The state of the s		
Ŭ u	of the A. Branger		MAR DE MY
ADDROVED BY	Figure 5 C		DATE

CONDITIONS OF APPROVAL, IF ANY: