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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.	
3-144-1	

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. Vacuum Grayburg San Andres Unit
2. Name of Operator TEXACO Inc.	8. Vacuum Grayburg San Andres Unit
3. Address of Operator P. O. Box 72, Hobbs, New Mexico 7240	9. Well No. 45
4. Location of Well UNIT LETTER H 1405' FEET FROM THE North LINE AND 125' FEET FROM THE East LINE, SECTION 2 TOWNSHIP 10-S RANGE 34-T N.M.P.M.	10. Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4010' GR	12. County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <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.

TD 350 Spud 12 1/2" Hole 2-15-73
Run 345' (9 Joints) @ 5/8" 20% casing set @ 350'.
Cemented w/ 300 sx. Class 'C' w/ 2% CaCl.
Cement Circulated. Completed @ 4:00 PM 2-15-73.
Tested @ 5/8" casing w/ 600# from 11:15-11:45 AM 2-15-73.
Tested OK. Drilled out plug & tested w/ 500# from 1:00-1:30 PM 2-15-73. Tested OK.

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

SIGNED *Jackie Hoff* TITLE Asst. Dist. Supt. DATE 2-20-73

APPROVED BY *Joe L. ...* TITLE Dist. Supt. DATE

CONDITIONS OF APPROVAL, IF ANY: