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NEW MEXICO OIL CONSERVATION COMMISSION

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

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator TEXACO, INC.		5. State Oil & Gas Lease No. B-867-1
3. Address of Operator P.O. Box 728, Hobbs, New Mexico		8. Farm or Lease Name Vacuum Grayburg San Andres Unit
4. Location of Well UNIT LETTER H , 1330 FEET FROM THE North LINE AND 10 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 18-S RANGE 34-E NMPM.		9. Well No. 41 Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4003' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Perforate & Acidize

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.)

Perforated 4 1/2" casing w/2JSPI @ 4361, 93, 4407, 16, 28, 51, 65, 75, 85, 4500, 16, 29, 34, 45, 62, 69, 75, 89, 94, 4620, 24, 32, 38, 59, 68, 77, 4708, 19, 25, w 4739'.

Acidized w/6000 gals. 20% NEA in 3-2000 gal stages w/50 ball sealers and flushed each stage w/1000 gals treated water.

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

SIGNED *J. A. Chaff* TITLE **Assistant District Superintendent** DATE **April 5, 1973**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: