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LAND OFFICE	
OPERATOR	

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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State **X**   Fee ☐

5. State Oil & Gas Lease No.
B-867-1

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 **X**   GAS WELL ☐   OTHER-

7. Unit Agreement Name
Vacuum Grayburg
San Andres Unit

2. Name of Operator
TEXACO Inc.

8. Farm or Lease Name

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico   88240

9. Well No.
47

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.

10. Field and Pool or Wildcat
Vacuum Grayburg
San Andres

15. Elevation *(Show whether DF, RT, GR, etc.)*
4003' GR

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. **X**
CASING TEST AND CEMENT JOB ☐

OTHER

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

☐

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 355' Spudded 12¼ Hole 3-24-73.

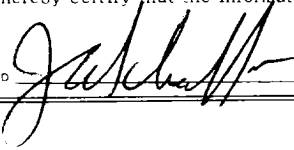Ran 347' (9 Joints) 8 5/8" 20# casing set @ 355'.

Cemented w/ 300 sx. Class 'C' w/ 2% CaCl.

Cement Circulated. Job Complete 8:45 PM 3-24-73.

Tested 8 5/8" casing w/ 600# from 2:15-2:45 Pm. 3-25-73

Tested OK. Drilled out plug & tested w/ 600# from 3:15-3:45 PM

3-25-73. Tested OK.

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 **3-27-73**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: