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LAND OFFICE	
OPERATOR	

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 NOTICES TO ABANDON OR TO REOPEN A WELL BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO REOPEN (FORM C-101) FOR SUCH REOPENING.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER **WATER INJECTION**

2. Name of Operator
TEXACO INC.

3. Address of Operator
P. O. BOX 728, HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER **E** **1408** FEET FROM THE **NORTH** LINE AND **1211** FEET FROM THE **WEST** LINE, SECTION **6** TOWNSHIP **18-S** RANGE **35-E** N.M.P.M.

15. Elevation (Show whether DF, RT, CR, etc.)

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1113-1

7. Unit Report Name
CENTRAL VACUUM UNIT

8. Farm or Lease Name
CENTRAL VACUUM UNIT

9. Well No.
99

10. Field and County
VACUUM GRAYBURG - SAN ANDRES

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	
		OTHER _____	

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.

TOTAL DEPTH 4800'
8-5/8" OD 24# K-55 CSG SET @ 360'
7" OD 26# N-80 & P-110 CSG SET @ 2650'

- 1. RAN 4789' (121 JTS.) 4-1/2" OD 10.5# K-55 CSG AND SET @ 4800'.**
- 2. CEMENTED W/600 SX HOWCO LITE W/15# SALT, 1/4# FLOCELE & .5% CFR-2/SX FOLLOWED W/200 SX CLASS C CEMENT CONTAINING 8# SALT, 1/4# FLOCELE & .5% CFR-2/SX. JOB COMPLETE 12:15 A.M., 12/21/77. WOC 18 HRS. CMT. CIRC.**
- 3. TESTED 4-1/2" OD CSG W/1000# FOR 30 MINUTES, 5:15 - 5:45, 12/21/77. TESTED O.K. JOB COMPLETE 5:45 P.M., 12/21/77.**

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

SIGNED *[Signature]* TITLE ASST. DISTRICT SUPT. DATE 2/13/78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: