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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

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
P-110-1	
7. Unit Agreement Name	
Central Vacuum Unit	
8. Farm or Lease Name	
Central Vacuum Unit	
9. Well No.	
GC	
10. Field and Pool, or Wildcat	
Vacuum Grayburg-Sar	
Andres	
12. County	
Lee	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - 111 (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 722 - Hobbs, New Mexico 88240

4. Location of Well

UNIT LETTER E 1400 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, GR, etc.)

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 JOBS ☐	
		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.

SPUD 12-1/4" HOLE 4:00 P.M. 11-29-77
TOTAL DEPTH 360'

1. Ran 348' (C joints) 8-5/8" 24# K-55 Csg & set 360'.
2. Cemented w/400 sx Class 'C' cement containing 2% CaCl. Job complete 10:00 P.M., 11-29-77. Cement circulated. WOC 10 hrs, 15 minutes.
3. Tested 8-5/8" OD csg w/750# for 30 minutes, 4:15-4:45 P.M., 11-30-77. Tested O.K. Job complete 4:45 P.M., 11-30-77.

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

SIGNED <u>[Signature]</u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>12-1-77</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		