

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1306-1	

## 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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- Water Injection
Name of Operator TEXACO Inc		
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		
Location of Well UNIT LETTER <u>D</u> <u>60</u> FEET FROM THE <u>North</u> LINE AND <u>1100</u> FEET FROM <u>West</u> THE LINE, SECTION <u>7</u> TOWNSHIP <u>18-S</u> RANGE <u>35-E</u> NMPM.		
10. Field and Pool or Wildcat Vacuum Grayburg San Andres		
15. Elevation (Show whether DF, RT, GR, etc.) 3973' (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"/>
ULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Addl Perfs In Same Zone</u> <input checked="" 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 type="checkbox"/>

7. 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.

1. RIG UP. INSTALL BOP. PULL TUBING AND PKR.
2. PERFORATE 4 1/2" CASING W/2-JSPF @ 4557', 60', 65', 72', 78', 84', 90', 92', 95', 4613', 23', 33', 38', 40', 61', M 76', 89', 4705', & 4709'.
3. SET PKR @ 4500'. ACIDIZE W/10,000 GALS 15% NEFE GELLED ACID IN 4-EQUAL STAGES USING 600# ROCK SALT BETWEEN STAGES. FLUSH W/10# BRINE WATER.
4. RUN TUBING AND PACKER. TEST AND RETURN TO WATER INJECTION.

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 Mgr</u>	DATE <u>6-20-84</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
PROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

JUN 22 1984