STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: Unknown

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.)

7. Unit Agreement Name: Central Vacuum Unit

OIL WELL [ ] GAS WELL [ ] OTHER- Water Inject on

8. Farm or Lease Name: Central Vacuum Unit

2. Name of Operator: TEXACO Inc.

9. Well No.: 128

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

10. Field and Pool, or Wildcat: Vacuum Grayburg San Andres

4. Location of Well: UNIT LETTER A, 1310 FEET FROM THE North LINE AND 200 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E NMPM

15. Elevation (Show whether DF, RT, GR, etc.): 3966' (GR)

12. County: Lea

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. [ ]
- CASING TEST AND CEMENT JOB [X]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- 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'
13 3/8" OD 54# K-55 Csg Set @ 352'
9 5/8" OD 32# K-55 Csg Set @ 1550'

1. Ran 4788 (128 Jts.) 4 1/2 OD 10.5# K-55 Csg & set @ 4800'.
2. Cemented w/2000 sx. IW Cement containing 15# Salt & 1/4# flocele per sx.. followed w/200 sx. Class "C" Cement containing 8# salt & .5% CFR-Z per sack. Cement failed to circulate. Job complete 1:30 AM, 10-5-79. WOC in excess of 18 Hrs.
3. Tested 4 1/2" Csg to 1500# for 30 minutes. 1:15 - 1:45 PM, 10-13-79. Tested OK. Job complete 1:45 PM, 10-13-79.

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

SIGNED J. A. Richardson TITLE Asst. Dist. Supt. DATE 10-17-79

APPROVED BY _____ TITLE _____ DATE OCT 19 1979

CONDITIONS OF APPROVAL, IF ANY: