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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR NOTICES TO ABANDON OR TO OPEN CREEP SLACK TO A FURTHER RESERVOIR. USE THIS FORM FOR NOTICES TO ABANDON OR TO OPEN CREEP SLACK TO A FURTHER RESERVOIR.)		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No.
1. CIL ☐ CAN ☐ OTHER Water Injection		7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator TEXACO Inc.		8. Form or Lease Name Central Vacuum Unit
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico 88240		9. Well No. 133
4. Location of Well UNIT LETTER B 10 FEET FROM THE North LINE AND 1550 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 18-S RANGE 34-E RANGE.		10. Field and Pool, or Well and Vacuum Grayburg-San Andres
11. Elevation (Show whether BF, RT, GR, etc.) 3984' (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 ☐ OTHER ☐	SUBSEQUENT REPORT OF: PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPS. ☒ 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.

Spud 17-1/2" hole @ 7:45 P.M., 9-8-78
Total Depth 367'

1. Ran 355' (10 jts) 13-3/8" OD 42# H-40 Csg. and set @ 367'.
2. Cemented w/400 sx Class C Cement containing 2% CaCl. Cement circulated. Job complete 9:15 A.M., 9-9-78. WOC in excess of 18 hrs.
3. Tested w/1000# for 30 minutes, 4:45-5:15 A.M., 9-10-78. Tested O.K.
4. Job complete 5:15 AM, 9-10-78.

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

SIGNED *J. S. Duff* TITLE Asst. District Supt. DATE 9-12-78

APPROVED BY Jerry Duff TITLE Asst. District Supt. DATE SEP 14 1978

CONDITIONS OF APPROVAL, IF ANY: