

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1031

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR APPLICATIONS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM O-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection	7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator Texaco Inc.	8. Form of Lease Name Central Vacuum Unit
3. Address of Operator P.O. Box 728, Hobbs, NM 88240	9. Well No. 142
4. Location of Well UNIT LETTER I 1680 FEET FROM THE South LINE AND 300 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	10. Field and Pool, as defined Vacuum Grayburg San Andres
11. Elevation (Show whether DE, RT, GR, etc.) 3967' (GR)	12. County Lea

13. 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 ☒	

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 17½" HOLE, 1:30 AM, 7-2-80
TOTAL DEPTH 350'**

1. Ran 340' (9 jts) 13-3/8" OD 48# H-40 csg & set @ 350'.
2. Cemented w/425 sx Class C cement containing 2% CaCl. Cement circulated. Job complete 2:00 PM, 7-2-80. WOC 18 hrs.
3. Tested 13-3/8" to 600# for 30 minutes, 8:00-8:30 AM, 7-3-80. Tested OK. Job complete 8:30 AM, 7-3-80.

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

SIGNED  TITLE Asst. Dist. Supt. DATE 7-7-80
Orig. Signed by
Jerry Sexton
APPROVED BY Dist. 1, Supt. TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: