STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

| DISTRIBUTION SANTAFE | P. O. BOX 2088 | Form C-103 Revised 10-1-78 | |
|--|--|--|--|
| FILE | SANTA FE, NEW MEXICO 87501 | Sa. Indicate Type of Lease | |
| U.S.G.S. | · · | State X Fee | |
| OPERATOR |] | 5. State Oil & Gas Lease No. B-1306 | |
| SUNDF | RY NOTICES AND REPORTS ON WELLS | | |
| (DO NOT USE THIS FORM FOR PAGE USE "APPLICAT | OPOSALS TO PRILL OR TO DELPEN OF PLUG BACK TO A DIFFERENT RESERVOIR, TION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.) | 7. Unit Agreement Name | |
| OIL GAS WELL | OTHER: Water Injection | Central Vacuum Unit | |
| Name of Operator | | 8. Farm or Lease Name | |
| TEXACO Inc. | | Central Vacuum Unit | |
| Drawer 728, Hobbs, New Mexico 88240 | | 143 | |
| UNIT CETTER A 1310 FEET FROM THE NORTH LINE AND 50 FEET FROM | | 10. Field und Pool, or Wildcat Vacuum Grayburg- | |
| THE East LINE, SECTI | ION 6 TOWNSHIP 18-S RANGE 35-E | MARK () | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County | |
| | 3967' (GR) | Lea | |
| Check | Appropriate Box To Indicate Nature of Notice, Report of | r Other Data | |
| NOTICE OF I | NTENTION TO: SUBSEQU | JENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | |
| "EMPORARILY ASANDON | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT | |
| FULL OR ALTER CABING | CHANGE PLANS CASING TEST AND CEMENT JQB X | | |
| OTHER | | | |
| .7, Describe Proposed or Completed Opwork) SEE RULE 1103. | perations (Clearly state all pertinent details, and give pertinent dates, incl | uding estimated date of starting any proposed | |
| WORK) SEE NOLE 1103. | | | |
| Spud 1-17/2" hole, 10:15 P.M., 10-8-80 | | | |
| | Total Depth 365' | | |
| 1. Ran 355' (9 jts |) 13-3/8" OD $48\#$ H-40 casing and set a | t 365'. | |
| 2. Cemented w/450 a Job complete 2: | sx Class "C" cement containing 2% CaCl 45 P.M., 10-9-80. WOC in excess of 18 | . Cement circulated. hours. | |
| 3. Tested 13-3/8" (Tested 0.K. Jol | casing to $600\#$ for 30 minutes, $7:30-8:6$ b complete $8:00$ A.M., $10-11-80$. | 00 A.M., 10-11-80. | |
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| 18. I hereby certify that the information | above is true and complete to the best of my knowledge and belief. | | |
| 216MED Statement | Ass't. Dist. Supt. | 10-14-80 | |
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