

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-1306

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER- Water Injection	7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name Central Vacuum Unit
3. Address of Operator P.O. Box 728, Hobbs, NM 88240	9. Well No. 144
4. Location of Well UNIT LETTER B 35 FEET FROM THE North LINE AND 1330 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Grayburg - San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☒
OTHER ☐	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 1510'

13-3/8" OD 48# W40 Csg set @ 355'.

1. Ran 1500' (38 jts.) 9-5/8" OD 43.5# H-40 csg. & set @ 1510'.
2. Cemented w/1000 sx. Class "C" cement containing 1% CaCl. Cement circulated. Job complete 11:30 p.m., 9-20-80. WOC 18 hrs.
3. Tested 9-5/8" csg to 1000# for 30 minutes, 5:30-6:00 p.m., 9-21-80. Tested OK. Job complete 6:00 p.m., 9-21-80.

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

SIGNED *J. A. Schaffer* TITLE Asst. Dist. Supt. DATE October 16, 1980
Orig. Signed by
Jerry Sexton
APPROVED BY Dist. L. Supt. TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: