

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| FILE                   |  |
| U.S.O.S.               |  |
| LAND OFFICE            |  |
| OPERATOR               |  |

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

Form O-103  
Revised 10-1-78

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PERMANENTLY TO BE LOST OR DEFEATED BY PLUG BACK TO A DIFFERENT RESERVOIR.  
USE THIS FORM FOR PERMANENTLY TO BE LOST OR DEFEATED BY PLUG BACK TO A DIFFERENT RESERVOIR.)

|                                                                                                                                                                                                           |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                          | 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Free <input type="checkbox"/> |
| 2. Name of Operator<br><b>Texaco Inc.</b>                                                                                                                                                                 | 5. State Oil & Gas Lease No.<br><b>B-1113-1</b>                                                       |
| 3. Address of Operator<br><b>P.O. Box 728, Hobbs, NM 88240</b>                                                                                                                                            | 7. Unit Agreement Name<br><b>Central Vacuum Unit</b>                                                  |
| 4. Location of well<br>UNIT LETTER <b>M</b> <b>760</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM<br>THE <b>West</b> LINE, SECTION <b>6</b> TOWNSHIP <b>18-S</b> RANGE <b>35-E</b> N.M.P.M. | 8. Form or Lease Name<br><b>Central Vacuum Unit</b>                                                   |
|                                                                                                                                                                                                           | 9. Well No.<br><b>152</b>                                                                             |
|                                                                                                                                                                                                           | 10. Field and Pool, or Well Unit<br><b>Vacuum Grayburg San Andres</b>                                 |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br><b>3992' (GR)</b>                                                                                                                                        | 12. County<br><b>Lea</b>                                                                              |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                           |                                                                 |                                               |
|------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                          | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                | PLUG AND ABANDONMENT <input type="checkbox"/> |
| FULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> |                                               |

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 1193.

**TOTAL DEPTH 4750'**

**16" OD 75# K-55 csg set @ 360'**  
**11-3/4" OD 42# H-40 csg set @ 1497'**  
**8-5/8" OD 32# J-55 & 28# S-80 csg set @ 2754'**

1. Ran 4686' (123 jts) 5½" OD 15.5# K-55 csg & set @ 4695'.
2. Cemented 5½" csg w/1200 sx Class C cement containing .6% Halad 9, .3% CFR-L, & ¼# flocele per sack. Cement circulated. Job complete 11:15 PM, 6-30-80. WOC in excess of 18 hrs.
3. Tested 5½" csg to 1500# for 30 minutes, 11:00-11:30 AM, 7-5-80. Tested OK. Job complete 11:30 AM, 7-5-80.

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

|                                 |                                |                         |
|---------------------------------|--------------------------------|-------------------------|
| SIGNED <i>Jerry Sexton</i>      | TITLE <b>Asst. Dist. Supt.</b> | DATE <b>7-7-80</b>      |
| APPROVED BY <i>Jerry Sexton</i> | TITLE                          | DATE <b>JUL 11 1980</b> |
| CONDITIONS OF APPROVAL, IF ANY: |                                |                         |