1	- Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89			
Ì	DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-307	99		
	DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type	of Lease	<u></u>	
	DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410				6. State Oil & G	STATE X	FEB 📙
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. Type of Well:					7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT		
	OIL X GAS WELL	OTHER					
2	Name of Operator TEXACO PRODUCING INC.				8. Well No. 148		
13	Address of Operator				9. Pool name or Wildcat		
L	P. O. Box 3109 Midland, Texas 79702				VACUUM GRAYBURG SAN ANDRES		
1	I. Well Location Unit Letter _D :13:	30 Feet From The NORTH	·····	Line and	660 Feet Pro	m The WEST	Line
	Section 1	Township 18-SOUTH			NMPM LEA		County
		10. Elevation (Show w		F, RKB, RT, GR, etc.)			
2	Charle	Annonciate Roy to India		Johnson of Marine D	amont on Otho	- VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
1	II. Check I NOTICE OF INT	Appropriate Box to Indic	cale in	-	•	REPORT OF:	
D	ERFORM REMEDIAL WORK	PLUG AND ABANDON	\neg	REMEDIAL WORK		ALTERING CASIN	<u>,</u> Г
	EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING		PLUG AND ABANI	
	ULL OR ALTER CASING			CASING TEST AND C		PLUG ANU ADANI	DONMENT _
	OTHER:		\neg				_
_	inen			OTHER:			
12. 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.							
	1. TD 8 3/4 HOLE @ 5000' AT 2. ATLAS RAN GR-DLL-MSFL 8 3. RAN 123 JTS OF 7, 26#, J w/ 6% GEL, 5% SALT & 1/4# AT 1:00pm 5-21-90. 4. INSTALL WELLHEAD. FMC 1 5. RELEASE RIG AT 6:00pm 5- 6. PREP TO COMPLETE.	& GR-CNL-ZDL-CAL FROM -55, LT&C CSG. SET AT ! FLOCELE @ 12.8ppg. F/B TEST TO 2000#.	5000'.	. WESTERN CEME	NTED w/ 800		
	I hereby certify that the information above is tru	e and/complete to the best off my knowler	dee and b	elief.			

I hereby certify that the information above is true and/complete to the best of my knowledge and belief. SIGNATURE	DATE 05-23-90
TYPE OR PRINT NAME C. P. BASHAM	ТВІЕНЮНЕ NO. 915-688462
(This space for State Use) CONTINUED OF STATE OF SENTON	MAY 9 a 1000

(This space for State Use)
ORIGINAL SEGMED OF SERRY SEXTON
DISTRICT I SUPERVISOR

MAY 29 1990

__ DATE ----

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: