Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240  OIL CONSERVATION DIVISION P.O. Box 2088  WELL API NO. 20, 025, 20800				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe. New Mexico 87504-2088		30-025-30800 5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE  6. State Oil & Gas Lesse No.	X FEE
			857948	
	ICES AND REPORTS ON WEI			
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name	
(FORM C	-101) FOR SUCH PROPOSALS.)	<del></del>	VACUUM GRAYBURG SAN	ANDRES UNIT
OEL X OAS WELL X	OTHER			
2. Name of Operator			8. Well No.	
TEXACO PRODUCING INC.			155	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702		9. Pool name or Wildcat	ANDRES	
4. Well Location		· · · · · · · · · · · · · · · · · · ·	VACUUM GRAYBURG SAN	ANDRES
Unit Letter A :	10 Feet From The EAST	Line and	660 Feet From The NORT	H Line
Section 2	Township 18-SOUTH R	ange 34-EAST	NMPM LEA	County
	10. Elevation (Show whether		V/////	
<i>\                                    </i>	////// GR-4019', KB-4032			
	Appropriate Box to Indicate	•	•	
NOTICE OF IN	TENTION TO:	SUE	BSEQUENT REPORT	OFF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING (	ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. DPLUG AND A	ABANDONMENT .
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: PRODUCTE	ON CASING	
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent details, a	.l nd give pertinent dates, incli	uding estimated date of starting any p	roposed
1. TD 8 3/4 in HOLE @ 5000' 2. ATLAS RAN GR-DLL-MSFL 8 3. RAN 123 JTS OF 7, 26#, J- 4. WESTERN CEMENTED WITH 250 SX CLASS H @ 15.6ppg. 0 5. INSTALL WELLHEAD AND TE 6. RELEASE BASIN RIG #10 AT 7. PREP TO COMPLETE.	& GR-CNL-ZDL FROM 5000' T -55, LT&C CASING SET AT 50 875 DX 35/65 POZ CLASS H CIRC 175 SX. EST TO 2500# BY FMC.	00'.		8ppg. F/B
I hereby certify that the information above is tru	g and complete to the best of my knowledge and	i belief.	NTENDENT	i_ <b>1</b> 5_90

TYPE OR PRINT NAME C. P. BASHAM	TELEPHONE NO.	915-688462
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	DATE 05-15	5-90
I hereby certify that the information above is true and complete to the heat of my knowledge and belief.		

\_ TITLE -

(This space for State ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

MAY 1 8 1990

DATE -

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: