DISTRIBUTION		Form C-103
SANTA FE	NEW MEYICO OH, CONSERVATION COMMISSION	Supersedes Old C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		B-1080-1
(DO NOT USE THIS FORM FOR	NDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	ICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
WELL X WELL	OTHER•	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
TEXACO Inc.		New Mexico 'M' Sta
3. Address of Operator		9. Well No.
P. O.Box 728, Ho	bbs, New Mexico 88240	10
4. Location of well	1220	Vacuum Grayburg
UNIT LETTER	1330 FEET FROM THE North LINE AND 1330 FEET FO	San Andres
West	7	
THE LINE, SE	CCTION 1 TOWNSHIP 18-S RANGE 34-E NM	PM. (())
THE THE THE THE THE	15. Elevation (Show whether DF, RT, GR, etc.)	
	3994' GR	12. County
16.		Lea
NOTICE OF	k Appropriate Box To Indicate Nature of Notice, Report or	Other Data
	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON		ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
	OTHER Perforate	h Aoddina
OTHER	Then Totale	Acidize X
work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, including	ng estimated date of starting any proposed
Perforated	51 contra se / O com o hace	
75 80 00	$5\frac{1}{2}$ " casing w/ 2 JSPI @ 4389, 4402, 10, 96, 4506, 26, 36, 42, 49, 66, 74, 81, 4705, 13, 19, & 4730'.	38, 45,
6 2. 78. 88	90, 4500, 26, 36, 42, 49, 66, 74, 81,	4646, 59,
٠٤٠ و١٥٠ و١٥٠	4705, 13, 19, & 47301.	. 22,
Rall Gasla	/ 8000 gals. 20% NEA in 4-2000 gal. stag	es w/ 48
water.	rs. Flushed each stage w/ 1000 gals. t	reated
Ma Jel.		
18. I hereby certify that the information	on above is true and complete to the best of my knowledge and belief.	
	, and a series.	
SIGNED ALAN MA	Asst. Dist. Supt.	A 77 M=
The same	TITLE ASST. DIST. Supt.	DATE
(/		
APPROVED BY	(A). (A)	FFD 5 405
	Orig. Signed by	FEB 9 197
CONDITIONS OF APPROVAL, IF AN	Joe D. Ramer	FEB 9 197