

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTAFE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<b>B-1080-1</b>

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>N. M. 'M' State</b>
3. Address of Operator <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>10</b>
4. Location of Well UNIT LETTER <b>C</b> <b>1330</b> FEET FROM THE <b>North</b> LINE AND <b>1330</b> FEET FROM THE <b>West</b> LINE, SECTION <b>1</b> TOWNSHIP <b>18-S</b> RANGE <b>34-E</b> NMPM.	10. Field and Pool or Wildcat <b>Vacuum Grayburg San Andres</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3994' GR</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☒  
CASING TEST AND CEMENT JOB ☐

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.

TD 355' Spudded 11 3/4" Hole 1-23-73  
Ran 345' (9 Joints) 8 5/8' 20# Casing set @ 355'.  
Cemented w/ 300 sx. Class 'C' w/ 2% Cacl.  
Cement Circulated. Completed @ 10:30 P.M. 1-23-73  
Tested 8 5/8" Casing w/ 600# from 3:00-3:30 P.M. 1-24-73.  
Tested Ok. Drilled out plug & tested w/ 600# from 5:15-5:45P.M.  
1-24-73. Tested Ok.

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

SIGNED [Signature] TITLE **Asst. Dist. Supt.** DATE **1-25-73**  
APPROVED BY John Geologist TITLE Geologist DATE JAN 27 1973  
CONDITIONS OF APPROVAL, IF ANY: