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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

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO THE LAND OFFICE OR FOR NOTICES TO A DIFFERENT RESERVOIR.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P.O. Box 728 Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **N** **560** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **25** TOWNSHIP **17-S** RANGE **34-E** RMPM.

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-2076

7. Unit Agreement Name
Central Vacuum Unit

6. Name of Lease Name
Central Vacuum Unit

9. Well No.
38

10. Field and Pool, or Wildcat
Vacuum Grayburg San Andres

12. County
Lea

13. Elevation (Show whether DF, RT, GR, etc.)
4013' (DF)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPER. ☐
PULL OR ALTER CASING ☐ OTHER ☒ CASING TEST AND CEMENT JOBS ☐
Additional Perforations & Treat

SUBSEQUENT REPORT OF:
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

1. Rig Up. Pull rods and pump. Install BOP. Pull tubing.
2. Log well. Perforate San Andres as indicated by log w/2-JSPF.
3. Set packer. Acidize lower perms w/3000 gal 15% NE Acid.
4. Frac w/20,000 gal gelled water & 27,000# 20/40 sand.
5. Acidize upper perms w/3000 gal 15% NE Acid.
6. Frac w/30,000 gal gelled water & 34,000# 20/40 sand.
7. Install production equipment. Test and return to production.

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 **10-6-78**

APPROVED BY *[Signature]* TITLE **Asst. Dist. Supt.** DATE **OCT 10 1978**

CONDITIONS OF APPROVAL, IF ANY