STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

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

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.)

7. Unit Agreement Name: Central Vacuum Unit

OIL WELL [ ] GAS WELL [ ] OTHER-

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: Central Vacuum Unit

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

9. Well No.: 39

4. Location of Well: UNIT LETTER M, 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 25, TOWNSHIP 17-S, RANGE 34-E, NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 4007' (DF)

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
		OTHER Addl Perfs in San Andres [ ]	
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.

1. RIGGED UP. PULL PUMP AND RODS. INSTALL BOP. PULL TBG.
2. PERFORATED 4 1/2" LINER W/1-JSPF @ 4376, 4402, 07, 13, 20, 23, 30, 34, 53, 78, 4564, 73, 78, 86, 98, 4603, 37, 40, 59, & 4663'.
3. SET RBP @ 4712' AND PKR @ 4496'. ACIDIZE PERFS 4564-4707' W/4100 GALS 20% NEFE ACID AND 1500# ROCK SALT.
4. RESET RBP @ 4496' AND PKR @ 4306'. ACIDIZE PERFS 4376-4476' W/3100 GALS 20% NEFE ACID AND 900# ROCK SALT.
5. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION.

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

SIGNED W. B. [illegible] TITLE Asst Dist Mgr DATE 11 1 84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE [ ] DATE NOV - 5 1984

CONDITIONS OF APPROVAL, IF ANY: