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OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-871

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 West Vacuum Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name West Vacuum Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 35
4. Location of Well UNIT LETTER N 1980 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 34 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.) 4041' (DF)	12. County Lea

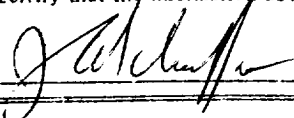
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Repair Water Flow <input checked="" type="checkbox"/>

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.

- Rigged up. Pull tubing & Subm. pump.
- Set RBP @ 4000' & dump 20' Sand on plug. Perforate 5 1/2" Csg w/2-JS @ 1560'.
- Set cement retainer @ 1500'. Cement perforations @ 1500' w/420 Sx. Class 'H' Cement containing 2% CaCl. Cement circulated. Squeeze w/add'l 300 Sx. Class 'H' cement containing 2% CaCl. WCC. DOC. Tested OK.
- Install Subm. pump. Test & return to production.

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

SIGNED  TITLE Asst. Dist. Mgr. DATE 6-4-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____