

WATER CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-155	

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)		
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name Central Vacuum Unit
Name of Operator TEXACO Inc.		8. Farm or Lease Name Central Vacuum Unit
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 66
Location of Well UNIT LETTER H 660 FEET FROM THE East LINE AND 1980 FEET FROM THE North LINE, SECTION 36 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.) 4000' (GR)		12. County Lea

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 checked="" 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 JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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. INSTALL BOP. PULL TUBING AND SUBMERSIBLE PUMP.
2. CLEAN OUT TO 4728'.
3. SET PKR @ 3528'. ACIDIZE OPEN-HOLE SECTION 4098-4728' W/15,000 15%NEFE GELLED ACID, 1800# MOTH BALLS AND 1800# ROCK SALT. FLUSH W/FORMATION WATER.
4. INSTALL PRODUCTION EQUIPMENT. TEST AND RETURN TO PRODUCTION.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>W.B. L...</u>	TITLE <u>District Operations Manager</u>	DATE <u>11-27-84</u>	
ORIGINAL SIGNED BY <u>JOEY SEXTON</u> DISTRICT 1 SUPERVISOR		DATE <u>NOV 30 1984</u>	
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

NOV 29 1984

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