

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
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 -" (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
Name of Operator	8. Farm or Lease Name
TEXACO Inc.	Central Vacuum Unit
Address of Operator	9. Well No.
P. O. Box 728, Hobbs, New Mexico 88240	91
Location of Well	10. Field and Pool or Wildcat
UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.	Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3991' (GR)	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"/>
NULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1703.

1. RIGGED UP. INSTALL BOP. PULL TUBING AND PUMP.
2. CLEAN OUT TO 4710' (TD).
3. SET PKR @ 3504'. ACIDIZE OPEN-HOLE SECTION 4070-4710' W/12,000 GALS 15% GEL NEFE ACID, 2400# ROCK SALT AND 2400# MOTH BALLS.
4. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION.

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

CHECKED Eddie W. Seay TITLE District Operations Manager DATE 10-18-84PROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE OCT 22 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 22 1984

O.S.O.  
HOSPITAL OFFICE