

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-1722

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER- Name of Operator TEXACO Inc. Address of Operator Drawer 728, Hobbs, New Mexico 88240 Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 621 FEET FROM West LINE SECTION 30 TOWNSHIP 17-S RANGE 35-E N14W 15. Elevation (Show whether DF, RT, GR, etc.) 4002' (DF)		7. Unit Agreement Name Central Vacuum Unit 8. Farm or Lease Name Central Vacuum Unit 9. Well No. 11 10. Field and Pool, or Wildcat Vacuum Grayburg San Andres 12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER Repair water flow and treat ☒	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐
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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. Set RBP at 3900' and dump 20' sand on plug.
3. Perforate 5-1/2" casing with 2 joints at 1640'.
4. Set cement retainer at 1580'. Cement with 400 sx. Class "H" cement. Circulate cement or run temperature survey if cement does not circulate. WOC. DOC. Test.
5. Clean out to 4690' (PBTD).
6. Set pkr at 4100'. Acidize open hole section 4138-4690' with 7000 gals. 20% NEFE HCL acid in 4 stages using 1800# rock salt between stages.
7. Install production equipment. Test and return to production.

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

SIGNED [Signature] TITLE **Ass't. Dist. Supt.** DATE **11-20-80**

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: