

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	20953 3002520784
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-1501
7. Lease Name or Unit Agreement Name	Central Vacuum Unit
8. Well No.	65
9. Pool name or Wildcat	Vacuum Grayburg San Andres

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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	
2. Name of Operator Texaco Producing Inc.	
3. Address of Operator P.O. Box 730, Hobbs, NM 88240	
4. Well Location Unit Letter E : 1987 Feet From The North Line and 620 Feet From The West Line Section 31 Township 17-S Range 35-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3985' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

12. 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.

01/23/90 - 02/03/90

- 1) MIRU PU. Instld BOP. TOH w/sub pmp. TIH w/bailer. C/O to 4735'. TOH.
- 2) TIH w/pkr. SPt 400 gal 15% NEFE w/5% Checkersol across perfs 4431-4688'. Spot 300 gal NA Perforate. SI.
- 3) PSA 3371'. TP @ 4196'. A/perfs 4431-4688'' w/1600 gal 15% NEFE. Scale sqz w/4 drums Gyptron T-133. Max P-3800#/Min P-540#. AIR 3 BPM. ISIP-1700#. 10 min-1100#.
- 4) TOH w/pkr. TIH w/Reda sub pmp. Returned to prod.

Test Prior - 79 BO, 879 BW
Test After - 84 BO, 1325 BW

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

SIGNATURE J. A. Head TITLE Area Manager DATE 02/21/90
TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 27 1990