Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 3002502957

5. Indicate Type of Lease STATE ☐ FEE ☐

6. State Oil & Gas Lease No. B-1606

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.)

7. Lease Name or Unit Agreement Name: Central Vacuum Unit

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Texaco Producing Inc.

8. Well No. 76

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Vacuum Grayburg San Andres

4. Well Location
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South Line
Section 31 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3983' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK [X]	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

02-23-90 to 03-05-90

1) MIRU PU. TOH w/sub pump.
2) TIH w/Bulldog bailer to 4657'. TOH.
3) TIH w/4.5 pkr to 4303'.
4) A/perfs 4361-4698' w/2000 gal 15% NEFE & scl sqz w/3 drums Gyptron T133. Max P-2700#. Min P-900#. AIR 3 BPM. TSIP 2020#. TL 916 Bbls.
5) TOH w/pkr. TIH w/sub pmp.

Test Prior - 85 BO, 889 BW
Test After - 117 BO, 1434 BW, 38 MCF

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 04-06-90

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. 393-7191

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

APPROVED BY _____ TITLE _____ DATE APR 12 1990

CONDITIONS OF APPROVAL, IF ANY: