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NEW MEXICO OIL CONSERVATION COMMISSION

100-11110-000
MAR 3 11 33 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Salt Water Disposal Well</u>	7. Unit Agreement Name <u>Vacuum SWD</u>
2. Name of Operator <u>Rice Engineering & Operating, Inc.</u>	8. Farm or Lease Name <u>Vacuum SWD</u>
3. Address of Operator <u>P. O. Box 1142, Hobbs, New Mexico 88240</u>	9. Well No. <u>G - 35</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>1982</u> FEET FROM THE <u>East</u> LINE AND <u>1986</u> FEET FROM THE <u>North</u> LINE, SECTION <u>35</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat <u>Vac Edge</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3110' DF</u>	12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Conversion to SWD Well ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

- Set CIBP @ 8596' and set CIBP @ 6000' w/1 sax cement on top.
- Perf 5½" CSG w/4 jets/ft. as follows:

5713' - 5700'
5323' - 5303'
5255' - 5240'
5178' - 5168'
5132' - 5052'
5030' - 4973'

- Acidized perfs w/20,000 gallons of 15% reg. acid.
- Took maximum gravity injection test down 5½" CSG @ rate of 402 BPH.
- Work completed 2-8-67.

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

SIGNED L. B. Goodheart TITLE Division Manager DATE 3-2-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: