

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1414-1

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T. DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT TO DRILL OR T. DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR")

1. Name of Operator
TEXACO Inc.

2. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

3. Location of Well
UNIT LETTER **I** **1980** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **East** LINE, SECTION **30** TOWNSHIP **17-S** RANGE **35-E** NEPTUN

7. Unit Agreement Name
Central Vacuum Unit

8. Form or Lease Name
Central Vacuum Unit

9. Well No.
17

10. Field and Pool, or Wildcat
Vacuum Grayburg-San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
3984' (GR)

12. County
Lea

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 ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

1. Rigged up. Pull tubing & pkr.
2. Set pkr @ 4208'. Acidized open-hole 4300-4727 w/6000 gals. 15% NE acid in 3 equal stages using 1500# rock salt between stages. Flushed w/80 bbls. fresh water.
3. Workover complete. Well Shut-In, 12-19-79. Pending Addt. remedial work.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 1-8-80

APPROVED BY TITLE DATE JAN 11 1980

CONDITIONS OF APPROVAL, IF ANY: