

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.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-2245

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Texaco Inc.

Address of Operator

P.O. Box 728, Hobbs, NM 88240

Location of Well

UNIT LETTER K 1750 FEET FROM THE West LINE AND 1650 FEET FROM
THE South LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E NADPM.

7. Unit Agreement Name
Central Vacuum Unit
8. Farm or Lease Name
Central Vacuum Unit
9. Well No.
19
10. Vacant Land at
Vacuum Grayburg San Andres

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

3986 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 ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

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.

1. Rig up, pull rods & pump, install BOP, pull tubing.
2. Clean out to PBTD 4722'.
3. Perforate w/2 JSPI @ 4611, 41, 44, 51, 56, 58, 61, 66, 69, 73, 76, & 4680'.
4. Spot 100 gals. 20% NEFE HCl acid over perms. 4611-4680'.
5. Set packer @ 4580' & acidize perms. 4611-4680' w/5000 gals. 20% NEFE HCl acid.
6. Run production equipment, test and return to production.

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

SIGNED Jerry Sexton TITLE Asst. Dist. Mar. DATE 2-2-82
Orig. Signed By
Jerry Sexton
APPROVED BY Dist. In Supp. TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: