

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2068

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
OPERATOR	

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

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name North Vacuum Abo West Unit
2. Name of Operator Texaco Inc.	8. Form or Lease Name North Vacuum Abo West Unit
3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>W</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>15</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPN.	10. Field and Pool, or Wildcat North Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.)	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 PLAYS ☐	COMMENCE DRILLING CPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Convert to Water Injection	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.
2. Clean out. Perf. 5 1/2" Csg. w/2-JBPT from 8810'-8822', 39', 65', 80', 99', & 8912'.
3. Set pkr. @ 8711'.
4. Acid-frac perfs. 8761'-8912' w/15,000 gals. 20% NE-FE Acid in 3-equal stages using 1000 gals. gelled brine & 300# rock salt between stages. Flush w/ 2500 gals gelled brine.
5. Run temperature log.
6. Run 2 3/8" OD plastic coated tubing w/pkr. & set @ 8711'.
7. Load Annulus w/inhibited water.
8. Connect Lines & commence water injection.

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. Manager DATE 3-10-82
APPROVED BY [Signature] TITLE Asst. Dist. Manager DATE 3-10-82
CONDITIONS OF APPROVAL, IF ANY: