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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR NOTICES TO SELLER OR TO BUYER OR PLUG LATE TO A DIFFERENT RESERVOIR. USE PREVIOUS EDITION FOR REMITTAL - (FORM C-101) FOR SELLER'S BUSINESS.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER: **Water Injection**

2. Name of Operator
TEXACO Inc.

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

4. Location of Well
UNIT LETTER **G** **2630** FEET FROM THE **North** LINE AND **1330** FEET FROM
THE **East** LINE, SECTION **36** TOWNSHIP **17-S** RANGE **34-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3991' (GR)

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-155

7. Unit Agreement Name
Central Vacuum Unit

8. Form of Lease Name
Central Vacuum Unit

9. Well No.
72

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

12. County
Lea

16. 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 OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	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.

**Spud 12-1/4" hole, 1:00 P.M. 11-10-77
Total Depth 350'**

1. Ran 339' (8 joints) 8-5/8" OD 24# K-55 csg & set @ 350'. Cemented w/350 sx Class 'C' cement w/2% CaCl. Job complete 8:30 P.M. 11-10-77. Circulate cement.
2. Tested 8-5/8" OD csg w/750# for 30 minutes, 2:30-3:00 PM, 11-11-77. Tested O.K.
3. Job complete 3:00 P.M. 11-11-77.

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

SIGNED _____ TITLE **Asst. Dist. Supt.** DATE **11-18-77**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: