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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDARY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR NOTICES TO THE LAND OWNER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE THIS FORM FOR REMEDIAL WORK (FORM C-101) FOR OTHER PURPOSES.		5a. Indicate Type of Lease State ☒ Fee ☐
Water Injection		5. State Oil & Gas Lease No. B-1565
Oil Well ☐ Gas Well ☐ OTHER ☐		7. Unit Agreement Name Central Vacuum Unit
Operator TEXACO Inc.		8. Farm or Lease Name Central Vacuum Unit
Address of Operator P. O. BOX 728, HOBBS, NEW MEXICO 88240		9. Well No. 40
Location of Well		10. Field and Pool, or Willcox Vacuum Refill San Andres
UNIT LETTER D 42' FEET FROM THE North LINE AND 1247' FEET FROM West 36' TOWNSHIP 17-S RANGE 3N-1		
11. Elevation (Show whether BP, RT, CR, etc.) 4006' (CR)		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 ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	PLUG AND ABANDON ☐ CHARGE PLANS ☐ OTHER ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐ ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ Perforate & treat ☒

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.

Total Depth 4800'
PBTD - 4713'
8 5/8" OD 24# K-55 Csg set @ 368'
4 1/2" OD 10.5# K-55 Csg set @ 4800'

1. Perforate 4 1/2" OD Csg w/2-JSPF @ 4735', 45', 79', & 4751'.
2. Set BBP @ 4790' & pkr. @ 4755'.
3. Acidize perforations 4735'-4779' w/500 gal. 15% NE Acid.
4. Set CIBP @ 4725' & dumped 12' cement on plug. PBTD 4713'.
5. Perforate 4 1/2" OD Csg w/2-JSPF @ 4400', 10', 20', 45', 54', 69', 80', 90', 4555', 94', 4604', 44', 53', 62', 73', 81', 92', & 4701'.
6. Re-test 4 1/2" OD Csg w/1000# for 30 minutes. Tested OK.
7. Set straddle pkr. Acidize 4 1/2" OD Csg w/5400 gal. 15% NE Acid.
8. Run injection tubing & pkr. & set @ 4340'. Test & place on 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. Secy. DATE: 1-31-78

APPROVED BY: [Signature] TITLE: DATE: 1/31/78

CONDITIONS OF APPROVAL, IF ANY: