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WELL NO.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR ANY OTHER PURPOSES. IT IS A RECURRENT RECORD.

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

4. Location of Well: UNIT LOTTER: D 42 FEET FROM THE North LINE AND 1247 FEET FROM West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-1 NEDEP.

5. Elevation (Show whether BP, RT, GR, etc.): 4006' (GR)

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.: B-1565

7. Unit Agreement Name: Central Vacuum Unit

8. Form of Lease Name: Central Vacuum Unit

9. Well No.: 40

10. Field and Pool, or Acreage: 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 ☐ TEMPORARILY ABANDON ☐ FULL OR ALTERNATE CASING ☐ OTHER	☐ PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPER. ☒ 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 TABLE 1703.

TOTAL DEPTH 4800'
8-5/8" OD 24# K-55 Csg set @ 368'

1. Ran 4788' (118 joints) 4 1/2" OD 10.5# K-55 csg and set @ 4800'.
2. Cemented w/1800 sx LW Cement containing 15# salt & 1# Flocele/sx followed w/200 sx Class 'C' cement containing 8# salt & 1# Flocele/sx. Job complete 1:30 AM, 11-29-77. Cement circulated. PBTD 4794'. WOC in excess of 18 hours.
3. Tested 4 1/2" OD csg w/1000# for 30 minutes, 10:00-10:30 AM, 12-15-77. Tested OK. Job Complete 10:30 AM, 12-15-77.

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

SIGNED: Asst. Dist. Supt. DATE: 12-20-77

APPROVED BY: John L. Brown TITLE: Asst. Dist. Supt. DATE: 12-20-77

COMMENTS ON APPROVAL, IF ANY: