

C CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-1606

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- ☐

Water Injection

6. Name of Operator

TEXACO, Inc.

7. Address of Operator

P. O. Box 728, Hobbs, New Mexico 88240

8. Location of Well

UNIT LETTER L, 1336 FEET FROM THE South LINE AND 1201 FEET FROM
THE West LINE, SECTION 31 TOWNSHIP 17-S RANGE 35-E NMPM.

7. Unit Agreement Name

Central Vacuum Unit

8. Farm or Lease Name

Central Vacuum Unit

9. Well No.

85

10. Field and Pool, as Wildcat

San Andres

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

3982' (GR)

12. County

Lea

6. 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 ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOB ☐OTHER Addl Perfs in San Andres ☒OTHER ☐

7. 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. RIGGED UP. INSTALL BOP. PULL INJECTION TUBING AND PACKER.
2. PERFORATE 4 1/2" CSG W/2-JSPF @ 4361, 67, 83, 4404, 10, 20, 28, 36, 45, 54, 71, 4508, 63, 80, 86, 95, 4602, 09, 24, 72, 81, 92, 99, & 4705'.
3. SET RBP @ 4720' & PKR @ 4517'. ACIDIZE PERFS 4563-4705' W/3000 GALS 20% NEFE ACID AND 500# ROCK SALT.
4. RESET RBP @ 4517' AND PKR @ 4295'. ACIDIZE PERFS 4361-4508' W/3000 GALS 20% GELLED NEFE ACID AND 800# ROCK SALT. PULL PKR AND RBP.
5. RAN 2 3/8" PLASTIC COATED TUBING W/PKR AND SET @ 4310'. LOAD ANNULUS W/INHIBITED WATER.
6. RETURN TO INJECTION, 12-8-84.

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

SIGNED R. Frank GrayTITLE District Operations ManagerDATE 12-13-84

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

DEC 20 1984

CONDITIONS OF APPROVAL, IF ANY: