

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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-1565

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

Name of Operator
TEXACO Inc.

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

Location of Well
UNIT LETTER C 1310 FEET FROM THE North LINE AND 2630 FEET FROM
THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.

7. Unit Agreement Name
Central Vacuum Unit

8. Farm or Lease Name
Central Vacuum Unit

9. Well No.
56

10. Field and Pool, or WHdcat
Vacuum Grayburg
San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
3999' (GR)

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

LL OR ALTER CASING ☐ OTHER Repair Casing Leak ☒

SUBSEQUENT REPORT OF:

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

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. INSTALL BOP. PULL INJECTION TUBING AND PKR.
2. PERFORATE 4 1/2" CSG W/2-JSPF @ 4341', 54', 76', 88', 4404', 49', 57', 4517', 82', 89', & 4608'.
3. SET RBP @ 4640' AND PKR @ 4480'. ACIDIZE PERFS 4517'-4615' W/3000 GALS 15% GELLED NEFE HCL ACID IN 3 STAGES UNSING 600# ROCK SALT BETWEEN STAGES. FLUSH.
4. RESET RBP @ 4500' AND PKR @ 4290'. ACIDIZE PERFS 4341'-4461' W/4000 GALS GELLED 15% NEFE ACID IN 4-STAGES USING 600# ROCK SALT BETWEEN STAGES. FLUSH.
5. INSTALL INJECTION TUBING AND PACKER. LOAD ANNULUS W/INHIBITED WATER. RETURN TO INJECTION.

THE COMMISSION MUST BE NOTICED
24 HOURS PRIOR TO COMMENCING WORK

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

SIGNED [Signature] TITLE Asst Dist Mgr DATE 8-3-84

ORIGINAL SIGNED BY JERRY SEDGON
APPROVED BY DISTRICT SUPERVISOR TITLE DATE AUG - 6 1984

CONDITIONS OF APPROVAL, IF ANY: