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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease: State [X] 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

7. Unit Agreement Name: Central Vacuum Unit

2. Name of Operator: TEXACO Inc.

8. Farm or Lease Name: Central Vacuum Unit

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

9. Well No.: 56

4. 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.

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

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

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 [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Perforate & Treat	[X]

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'
PLUG BACK TOTAL DEPTH 4778'
9-5/8" OD 40# N-80 Csg Set @ 410'
4-1/2" OD 10.5# K-55 Csg Set @ 4800'

1. Perforate 4-1/2" OD Csg w/2-JSPF @ 4383',4400',13',44',61',4521',31', 40',43',4600',15',51',66',80',88',4700', & 4710'.
2. Set packer @ 4340'. Acidize 4-1/2" csg perfs 4383'-4710' w/5500 gal 15% NE Acid in 3 stages using 400# rock salt & Benzoic acid flakes between stages.
3. Ran 2-3/8" OD plastic coated tubing w/pkr and set @ 4239'.
4. Completed as Shut-in injection well, 2-6-78 waiting on wtr lines.

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. Supt. DATE 2-7-78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: