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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.)

7. Unit Agreement Name: Central Vacuum Unit

OIL WELL [ ] GAS WELL [ ] OTHER- Water Injection

8. Farm or Lease Name: Central Vacuum Unit

2. Name of Operator: TEXACO Inc.

9. Well No.: 56

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

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

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.

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. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		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 RULE 1103.

Spud 12 1/4" hole 6:30 P.M. 12-21-77
Total Depth 410'

1. Ran 396' (14 Jts.) 9 5/8" OD 40# N-80 Csg & set @ 410'.
2. Csg cemented w/450 sx Class 'C' Cement. Job complete 8:15 A.M., 12-22-77.
   Cement circulated. WOC 18 hrs.
3. Tested 9 5/8" csg w/1000# for 30 minutes, 2:15 - 2:45 A.M., 12-23-77. Tested OK
   Job completed 2:45 A.M., 12-23-77.

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 1-5-78

APPROVED BY Signed by TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: