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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR APPLICATIONS FOR PERMITS TO DRILL OR FOR PERMITS TO ABANDON OR FOR PERMITS TO RE-ENTER A DEFERRED RESERVOIR.
USE AN APPLICATION FOR PERMITS TO DRILL OR FOR PERMITS TO ABANDON OR FOR PERMITS TO RE-ENTER A DEFERRED RESERVOIR.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- **Water Injection**

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. BOX 728, ROBBES, NEW MEXICO 88240

4. Location of Well
WELL LETTER **A** **1310** FEET FROM THE **North** LINE AND **132** FEET FROM
THE **East** LINE, SECTION **36** TOWNSHIP **17-S** RANGE **34-E** RANGE.

5. Elevation (Show whether OF, RT, CR, etc.)
3999' (CR)

5a. Indicate Type of Lease
State ☒ Fee ☐

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

7. Unit Agreement Name
Central Vacuum Unit

8. Name of Lease Name
Central Vacuum Unit

9. Well No.
58

10. Field and Pool, or Widened
Vacuor Grayburr
San Andres

12. County
Log

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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'**
8 5/8" OD 24# K-55 Csg Set @ 405'

1. Ran 4790' (111 Jts.) 4 1/2" OD 10.5# K-55 Csg & set @ 4800'.
2. Cemented 4 1/2" OD Csg w/2000 Sx. LW Cement w/15# salt & 1/4# Flocele/ Sx. followed by 200 Sx. Class 'C' cement containing 8# salt & 1/4# Flocele per sack. Cement circulated. Job complete 12:00 noon, 1-28-78. WOC in excess of 18 Hrs.
3. Tested 4 1/2" OD Csg w/1000# for 30 minutes, 2:00 - 2:30 P.M., 2-3-78. Tested OK. Job complete 2:30 P.M., 2-3-78.

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 *[Signature]* TITLE **Asst. 1. Supv.** DATE _____

CONDITIONS OF APPROVAL, IF ANY: