STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5. State Oil & Gas Lease No.: B-155

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:

3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 8820

9. Well No.: 83

4. Location of Well
UNIT LETTER J, 1330 FEET FROM THE South LINE AND 1330 FEET FROM THE East 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.): 3988' (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	[X]	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	[ ]			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.

1. Rig up & unseat pkr.
2. Spot W/5 drums of 10% Active Sodium Hypochlorite.
3. Perforate 2 SPF @ 4338-4667' (23 int. 46 Holes)
4. Perforate 4 JSPF @ 4324-4701 (9 int. 36 holes)
5. Acidize perfs 4605-4701 W/3500 gal acid in 2 stages W/500# R.S. Between stages Flush W/20bbls wtr.
6. Acidize perfs 4425-4577 W/4000 gal acid in 2 stages W/500# R.S. Between stages Flush W/20 bbls wtr.
7. Acidize perfs 4334-87' W/2500 gal acid in 2 stages W/500# R.S. between stages Flush W/20 bbls. wtr.
8. Set pkr. @ 4263' Load annulus W/inhibited fresh water & return to inj.

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

SIGNED W. B. Clark TITLE Dist. Opr., Mgr. DATE 3-14-85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAR 18 1985

CONDITIONS OF APPROVAL, IF ANY: