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-1722

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.)

1. 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.: 5

4. Location of Well: UNIT LETTER D, 1310 FEET FROM THE North LINE AND 1238 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 3992' (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 [X]	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. Rigged up. Pull tubing and packer.

2. Frac down 4-1/2" csg w/20,000 gals Cross-link gel & 21,000# 20/40 sand in 2 equal stages followed w/500 gals. 15% NE acid, 2000 gals. gel pad w/1-1/2# 20/40 sand/gal., 1500 gals. gel pad w/1# 20/40 sand/gal., 1500 gals gel pad w/1-1/2# 20/40 sand/gal., & 2000 gals gel pad w/1# 20/40 sand/gal.

3. Install injection equipment. Return to injection.

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

SIGNED [signature] TITLE Asst. District Supt. DATE 12-4-79

APPROVED BY [signature] TITLE [ ] DATE DEC 5 1979

CONDITIONS OF APPROVAL, IF ANY: