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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-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.)

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.: 5

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 D, 1310 FEET FROM THE North LINE AND 1238 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 17- S RANGE 35-E NMPM.

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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
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.

Total Depth 4800'.
8 5/8" OD 24# K-55 Casing Set @ 415'.

1. Ran 4790' (113 Jts.) 4½" OD 10.5 # K-55 csg. and set @ 4800'.

2. Cement w/ 1900 sx. 65-35 Posmix containing 15# salt and ¼# Flocele per sack. Followed w/200 sx. class 'C' cement containing 8# salt and ¼# Flocele per sack. Cement circulated. Job complete 1:30 AM, 1-27-79. WOC in excess of 18 hrs.

3. Tested 4½" OD csg. w/1500 # for 30 minutes, 2:30 -3:00 PM, 2-13-79. Tested OK. Job complete 3:00 PM, 2-13-79.

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

SIGNED W L Coogan TITLE Asst. Dist. Supt. DATE 2-16-79

APPROVED BY Orig. Signed by John Runyan TITLE _____ DATE FEB 19 1979

CONDITIONS OF APPROVAL, IF ANY: for Supervisor