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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-1056

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.: **27**

4. Location of Well: UNIT LETTER **J**, **1330** FEET FROM THE **South** LINE AND **1425** FEET FROM THE **East** LINE, SECTION **25** 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.): **3990' (GR)**

12. County: **Lea**

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [X]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- 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 Csg Set @420'

1. Ran 4788' (110 Jts) 4-1/2" OD 10.5# K-55 Csg & Set @ 4800'.
2. Cemented w/2000 sx LW Cement containing 15# salt & 1/4# Flocele per sack. Followed w/200 sx Class 'C' Cement containing 8# salt, 1/4# Flocele, & 5% CFR-2 per sack. Cement circulated. Job complete 6:00 AM., 3-3-78 WOC in excess of 18 hrs.
3. Tested 4-1/2" Csg w/1000# for 30 minutes, 4:30-5:00 PM 3-8-78 Tested OK. Job complete 5:00 PM 3-8-78.

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 3-9-78

APPROVED BY [illegible] Signed by John P... TITLE _____ DATE MAR 13 1978

CONDITIONS OF APPROVAL, IF ANY: