

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

3a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. 8-155	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection Well		7. Unit Agreement Name Central Vacuum Unit
2. Name of Operator Texaco Producing Inc.		8. Farm or Lease Name
3. Address of Operator P.O. Box 728 Hobbs, NM 88240		9. Well No. 139
4. Location of Well UNIT LETTER <u>P</u> <u>85</u> FEET FROM THE <u>South</u> LINE AND <u>958</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3986' GR		12. County Lea

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 OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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 pulling unit. Pull injection tbg and pkr.
2. Clean out to 4790' with 3 7/8" bit.
3. Circ clean. Spot bleach across perfs.
4. Acidize perfs 4263-4730' with 9000 gal gelled 20% NEFE.
5. Reset inj pkr and tbg, load backside with inhibited fluid, test, and resume injection.

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

SIGNED <u>Howard L. Smith</u>	TITLE <u>Area Superintendent</u>	DATE <u>8/11/87</u>
for <u>A. Gerhardt</u> 393-4031	ORIGINAL SIGNED BY JERRY SEXTON	
APPROVED BY <u>DISTRICT 1 SUPERVISOR</u>		TITLE _____
CONDITIONS OF APPROVAL, IF ANY:		

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