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. NM-1021

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. 147

4. Location of Well: UNIT LETTER A, 1310 FEET FROM THE North LINE AND 200 FEET FROM THE East LINE, SECTION 31 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.): 3969' (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'

13 3/8" OD 48# H-40 Csg Set @ 380'
8 5/8" OD 24# K-55 Csg Set @ 1513'

1. Ran 4793' (152 Jts.) 4 ½" OD 10.5# K-55 Csg & set @ 4800'.
2. Cement w/2800 sx. IW cement containing 15# salt & ¼# Flocele per sack. Follow w/200 sx. Class 'C' cement containing 8# salt & ¼# Flocele per sack. Cement circulated. Job complete 11:55 PM, 8-6-80. WOC in excess of 18 hrs.
3. Tested 4 ½" Csg to 1500# for 30 minutes, 2:30 - 3:00 PM, 8-8-80. Tested OK. Job complete 3:00 PM, 8-8-80.

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 8-12-80

AUG 1 5 1980

APPROVED BY [signature] TITLE ________ DATE ________

CONDITIONS OF APPROVAL, IF ANY: