

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-1414-1	
7. Unit Agreement Name	
Central Vacuum Unit	
8. Form of Lease Name	
Central Vacuum Unit	
9. Well No.	
148	
10. Field and Pool, or Wildcat	
Vacuum Grayburg - San Andres	
12. County	
Lea	

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**

Name of Operator **TEXACO Inc.**

Address of Operator **P. O. Box 728, Hobbs, New Mexico 88240**

Location of Well

UNIT LETTER **P** **1310** FEET FROM THE **South** LINE AND **50** FEET FROM

THE **East** LINE, SECTION **30** TOWNSHIP **17-S** RANGE **35-E**

15. Elevation (Show whether DF, RT, GR, etc.)

3971' (GR)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

7. 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 @ 375'
8 5/8" OD 24# J-55 Csg Set @ 1550'

1. Ran 4790' (117 Jts.) 4 1/2" OD 10.5# K-55 Csg & set @ 4800'.
2. Cemented w/2400 Sx. TLW Cement containing 15# Salt & 1/4# Flocele per sack. Followed w/250 Sx. Class 'H' Cement containing 2% Ca Cl. Cement circulated. Job complete 12:45 PM, 11-9-80. WOC in excess of 18 Hrs.
3. Tested 4 1/2" Csg to 1500# for 30 minutes, 11:45 AM- 12:15 PM, 11-13-80. Tested OK. Job complete 12:15 PM, 11-13-80.

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 **11-17-80**

APPROVED BY *[Signature]* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: