

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

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO UNPLUG OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection	5a. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator TEXACO Inc.	6. State Oil & Gas Lease No. B-1414-1
3. Address of Operator Drawer 728, Hobbs, New Mexico 88240	7. Unit Agreement Name Central Vacuum Unit
4. Location of Well	8. Name of Lease Unit Central Vacuum Unit
UNIT LETTER P 1310 FEET FROM THE South LINE AND 50 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E	9. Well No. 148
15. Elevation (Show whether DF, RT, GR, etc.) 3971' (GR)	10. Field and Pool or Wildcat Vacuum Grayburg-San Andres
	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 OPMS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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 1550'
13-3/8" OD 48# H-40 Casing Set @ 375'

1. Ran 1540' (35 jts.) 8-5/8" OD 24# J-55 casing and set at 1550'.
2. Cemented 2/1100 sx. Class "H" cement containing 2% CaCl. Cement circulated. Job complete 4:30 A.M., 10-29-80. WOC in excess of 13 hrs.
3. Tested 8-5/8" casing to 1000# for 30 minutes, 4:30-5:00 A.M., 10-30-80. Tested OK. Job complete 5:00 A.M., 10-30-80.

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

SIGNED *J. Schaffer* TITLE Ass't. Dist. Supt. DATE 11-5-80

APPROVED BY *Jerry Schaffer* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: