

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-7586
7. Unit Agreement Name Central Vacuum Unit
8. Farm or Lease Name Central Vacuum Unit
9. Well No. 149
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 DEEEN 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, NM 88240

2. Location of Well
UNIT LETTER **H** **1330** FEET FROM THE **North** LINE AND **50** FEET FROM THE **East** LINE, SECTION **30** TOWNSHIP **17-S** RANGE **35-E** N.M.P.M.

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

3983' (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 ☐

REMEDIATION WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Spud 17-1/2" Hole 7:00 p.m., 11-10-80

Total Depth 370'

1. Ran 360' (10 jts.) 13-3/8" OD 48# H-40 csg & set @ 370'.
2. Cemented w/500 sx. Class "H" cement containing 2% CACL. Cement circulated. Job complete 5:40 a.m., 11-11-80. WOC 18 hrs.
3. Tested 13-3/8" csg to 600# for 30 minutes, 11:45 p.m.-12:15 a.m., 11-12-80. Tested OK. Job complete 12:15 a.m., 11-12-80.

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 **11-12-80**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: