

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

P-571

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 ☐	7. Unit Agreement Name
2. Name of Operator	West Vacuum Unit
3. Address of Operator	8. Farm or Lease Name
P. O. Box 720, Hobbs, New Mexico 88240	West Vacuum Unit
4. Location of Well	9. Well No.
UNIT LETTER L 2310 FEET FROM THE South LINE AND 510 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 17-S RANGE 24-E NMPM.	10. Field and Pool, or WHDCAT
	Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4047' (GR)	Lea

16. 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 OPNS. ☐	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.

TOTAL DEPTH 1610'

11 3/4" OD 42# H-40 Csg. Set @ 365'

1. Ran 1598' (33 Jts.) 8 5/8" OD 24# K-55 Csg. & set @ 1610'.
2. Cemented w/800 sx. class 'H' cement containing 2% CaCl. cement circulated. Job complete 7:15 a.m., 1/20/81. WOC in excess of 18 hrs.
3. Tested 8 5/8" Csg. to 1000# for 30 minutes, 11:30-12:00 noon, 1/21/81. Tested OK. Job complete 12:00 noon, 1/21/81.

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 1/23/81

APPROVED BY Jerry Sexton TITLE Dist. L. Supt. DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: