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 XX Fee ☐

5. State Oil & Gas Lease No.: B-1565

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 723, Hobbs, New Mexico 88240

9. Well No.: 158

4. Location of Well: UNIT LETTER D, 100 FEET FROM THE North LINE AND 150 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Vacuum Grayburg San Andres

15. Elevation (Show whether DF, RT, GR, etc.): 4007' (GR)

12. County: 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB X	
OTHER ☐		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'
16" OD 65# H-40 CONDUCTOR SET @ 350'.
11 3/4" OD 42# H-40 CSG SET @ 1555'.

1. Ran 4790' (117 JTS.) 5½" OD 15.5# K-55 Csg & set @ 4800'.
2. Cemented W/1700 sx. Lite Cement, 15# Salt, & ¼# Flocele per sack. Follow W/300 sx. Class 'H' cement containing ¼# Flocele per sack. Cement circulated. Job complete 3:00 pm, 11-4-82. WOC in excess of 18 Hrs.
3. Tested 5½" Csg to 1500 # for 30 minutes, 1:30-2:00 PM, 11-5-82. Tested OK. Job complete 2:00 PM, 11-5-82.

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

SIGNED _____ TITLE Asst. Dist. Mgr. DATE 11-19-82

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: