

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2885
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

1a. Indicate Type of Lease
☒ Royalty ☐ Fee
 1b. State Oil & Gas Lease No.
 8-1565

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: <u>Water Injection Well</u>	7. Unit Agreement Name <u>Central Vacuum Unit</u>
2. Name of Operator <u>Texaco Producing Inc.</u>	8. Farm or Lease Name
3. Address of Operator <u>P.O. Box 728 Hobbs, NM 88240</u>	9. Well No. <u>159</u>
4. Location of Well UNIT LETTER <u>D</u> <u>1310</u> FEET FROM THE <u>North</u> LINE AND <u>100</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Vacuum Grayburg San Andres</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>4009' GR</u>	12. County <u>Lea</u>

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 CASINGS ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASINGS ☐	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 1503.

1. MIRV Pulling Unit on 2-29-88. TOH w/ inj pkr and inj tbg.
 2. Cleaned out to PBTD 1761' w/ 4 3/4" bit.
 3. Circ clean, spot bleach across perfs.
 4. TIH w/ RBP and pkr, set RBP at 4750', set pkr at 4336'.
 5. Acidize perfs 4415'-4730' w/ 8000 gal 20% gelled NEFE, 70 balls, and 2600# rock salt.
 6. Swabbed 150 Bbls water.
 7. TOH w/ RBP and pkr.
 8. Reran inj pkr and dualined tbg, set pkr at 4360', load annulus with pkr fluid, test to 300# for 30 min. Resumed injection 3-3-88.
- Rate Before : 349 BWPD @ 879# Rate After : 670 BWPD @ 850#

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

SIGNED A. J. Marshall TITLE Area Superintendent DATE 3-15-88

APPROVED BY JERRY SEXTON DISTRICT 1 SUPERVISOR

RECEIVED BY MAR 17 1988

CONDITIONS OF APPROVAL, IF ANY: