

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

30-025-27975

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
3-370

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</u>	7. Unit Agreement Name <u>Vacuum Crayburg</u> <u>San Andres Unit</u>
2. Name of Operator <u>TEDECO Inc.</u>	8. Name of Lease Owner <u>Vacuum Crayburg</u> <u>San Andres Unit</u>
3. Address of Operator <u>P. O. Box 722, Hobbs, New Mexico 88240</u>	9. Well No. <u>65</u>
4. Location of Well UNIT LETTER <u>1310</u> FEET FROM THE <u>South</u> LINE AND <u>120</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Vacuum Crayburg</u> <u>San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4005' (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 CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	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.

SPUD 17 $\frac{1}{2}$ " HOLE, 1:45 PM, 1-4-83
TOTAL DEPTH 354'

1. Ran 330' (3 jts.) 13 3/8" OD 48# H-40 Csg & Set @ 354'.
2. Cemented 11/400 ex. Class 'H' Cement containing 2% CaCl. Cement Circulated. Job Complete 10:30 PM, 1-4-83. LOG 18 Hrs.
3. Tested 13 3/8" Csg to 600' for 30 minutes, 4:30-5:00 PM, 1-5-83. Tested OK. Job Complete 5:00 PM, 1-5-83.

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. Mgr. DATE 1-6-83

APPROVED BY [Signature] TITLE Asst. Dist. Mgr. DATE JAN 11 1983
CONDITIONS OF APPROVAL, IF ANY: