Form C-103 Revised 1-1-89

Submit 3 copies Energy, Minerals and Natural Resources Department

District Office			
DISTRICT I		VATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88	,,,,,	Box 2088	30-025-26281
DISTRICT II	Santa Fe, Nev	v Mexico 87504-2088	5. Indicate Type of Lease STATE FEE FEE
P.O. Box Drawer DD, Artesia, N	W 88210		6. State Oil / Gas Lease No.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NN	A 87410		B-3011
STIND	BY NOTICES AND REPORTS	ON WELL	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
DIFFEREN	(FORM C-101) FOR SUCH PROPO	SALS.)	VACUUM GRAYBURG SAN ANDRES UT
1. Type of Well: OIL	GAS 🗖		1
1. Type of Well. WELL L. WELL L. OTHER INJECTION			8. Well No.
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			59
			9. Pool Name or Wildcat
3. Address of Operator P.O	. BOX 730, HOBBS, NM 88240		VACUUM GRAYBURG SAN ANDRES
4. Well Location			Feet From The WEST Line
Unit LetterE	: 2500 Feet From Th	e NORTH Line and 40	Feet From The VVEST Line
Section 2	Township 18S	Range34E NI	MPMLEA_COUNTY
Section 2			
		ther DF, RKB, RT,GR, etc.) 4023' GR	
11. C	heck Appropriate Box to Ind	icate Nature of Notice, Report	rt, or Other Data
NOTICE OF INT		i S	UBSEQUENT REPORT OF:
	DILLO AND ARANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	— CHANCE MANS	COMMENCE DRILLING OF	ERATION T PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEME	
PULL OR ALTER CASING			
OTHER:		U OTHER:	
 TIH W/ TP, PKR, & WS TO ACIDIZED PERFS 4507'-47' TOH W/ TREATING PKR & TIH W/ AD-1 INJECTION P 	4642', SPTD 180 GALS 20% NEFE 62' W/ 6000 GALS 20% NEFE. MAX WS.	ING. FISHED INJ PACKER. C/O TO SET TREATING PKR @ 4141', TS X P = 4100#, AIR = 3.3 BPM. SI 1 HI CTION TUBING, TESTING TUBING TO 540# FOR 30 MIN, HELD OK.	STD ANNULUS W/ 500 PSI. R. SWABBED BACK LOAD.
5. RETURNED WELL TO INJI			·
	HED, COPY OF CHART ON BACK)	
OPT 9-20-94 INJECTING 3	38 BWPD @ 1250 PSI		
OF 1 3-20-34 H40ECTH4G 3			
		<u> </u>	•
I hereby certify that the information above is	true and complete to the best of my knowledge and		· DATE 427/04
SIGNATURE The	SmaTIT	LE Engr Asst	DATE 12/7/94
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No. 397-0418
(This space for State Use)	: ::::::::::::::::::::::::::::::::::::		DATE DEC 08 1994
	9.10% R. V. Stort	F	DATE OLU UN MANA

GUITER VISTORE

