Form C-103 Revised 1-1-89

State of New Mexico Submit 3 copies to Appropriate District Office , Minerals and Natural Resources Department <u>DISTRICT I</u> OIL CONSERVATION DIVISION WELL API NO.

P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088		30-025-30800	
DISTRICT II		Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III				STATE 🔀	FEE [
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / Gas Lease No. 857948	
SUNDRY NOTICES AND REPORTS ON WELL				657946	
(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 N	ame
DIFF	RENT RESERVOIR. (FORM C-101)	VACUUM GRAYBURG SAN ANDR	ES UNIT		
1. Type of Well: OIL	GAS				
WELL	WELL □	OTHER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No. 155	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or Wildcat VACUUM GRAYBURG SAN A	NDRES
4. Well Location		NOD	Til line and 40	Foot From The SAOT	
Unit Letter			TH Line and 10		
Section 2 Township 18S Range 34E NMPM LEA COU					NTY
					
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO:				BSEQUENT REPORT OF	: :
PERFORM REMEDIAL WOR	K PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OP				RATION PLUG AND ABANDON	MENT
PULL OR ALTER CASING CASING TEST AND CEME				т Јов 🔲	
OTHER:	FRACTURE TREAT	MENT 💮	OTHER:		
 2) GIH w/ bit & bailer, tag fil 3) Add pay from 4364'-4590 4) TIH with 3 1/2",10K frac 5) Pump 2 drums of TH-750 6) Frac Perfs 4268-4630' w sand (max surface press 7) Flow back immediately w 	ump, install BOP, unser il. Clean out to 4650' (in increase of the control of the control increase of the control of the contr	phasing, 156 holes). to 8500 psi). Set pkr @ 4250 bbls of fresh water across per ssed-Linked gel, 800# adamite)'. Load backside w/ fresh w fs 4268-4630'. regaine, 121,000# 16/30 Ot	tawa sand & 40,000# curable resin o	pated
I hereby certify that the information ab SIGNATURE TYPE OR PRINT NAME	to Bre	rest of my knowledge and belief. TITLE Engr	Asst	DATE <u>11/12</u> Telephone No. 39	/96 7-0418
(This space for State Use)	0716	NAT BOME EN MINT			4000
APPROVED BY		TITLE # VISC	je 	DATE OF 15	1220