

C.L. CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
STATION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-155

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 \_\_\_\_\_

2. Name of Operator  
Texaco Producing Inc.

3. Address of Operator  
P. O. Box 728, Hobbs, NM 88240

4. Location of Well:  
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM  
THE West LINE, SECTION 36 TOWNSHIP 17S RANGE 34E NMPM.

7. Unit Agreement Name  
Central Vacuum Unit

8. Farm or Lease Name

9. Well No.  
91

10. Field and Pool, or Vicinity  
Vacuum Grayburg  
San Andres

11. Elevation (Show whether DF, RT, GR, etc.)  
4006' DF

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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- Squeeze casing leak at 1868', as necessary, to eliminate saltwater flow.
- Fish submersible pump and 650' tubing.
- Clean out well to TD (4710') w/4 3/4" bit.
- Run submersible pumping equipment on 2 3/8" workstring and return to production.
- Test. Evaluate for any necessary stimulation work.

THE OPERATOR HAS BEEN ADVISED THAT 24 HOURS PRIOR TO COMMENCING WORK  
HE MUST FURNISH TO THE BUREAU OF MINING OPERATIONS FOR THE C-103  
TO BE APPROVED.

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

SIGNED JW Beorning TITLE District Admin. Supervisor DATE July 8, 1986

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE JUL 10 1986

CONDITIONS OF APPROVAL, IF ANY:

1986  
JUL 10 1986  
GAC  
\* 1986-1986