## Submit 3 copies to Appropriate District Office

## State of New Mexico

Form C-103 Revised 1-1-89

Ene Minerals and Natural Resources Department

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		ATION DIVISION	WELL API NO.
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88	Santa Fe. New	3ox 2088 Mexico 87504-2088	30-025-02268  5. Indicate Type of Lease  STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	110		6. State Oil / Gas Lease No. B-3011
SUNDRY NO (DO NOT USE THIS FORM FOR PR DIFFERENT RES (FORM	OTICES AND REPORTS C ROPOSALS TO DRILL OR TO ERVOIR. USE "APPLICATION A C-101) FOR SUCH PROPOS	DEEPEN OR PLUG BACK TO A N FOR PERMIT"	7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UT
1. Type of Well; OIL SA GA WELL WE	AS OTHER		
Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.			8. Well No.
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line			
Section 2	•	Range <u>34E</u> NN	MPMLEA_ COUNTY
	10. Elevation (Show wheth	er DF, RKB, RT,GR, etc.) 4028' DF	
11. Check	Appropriate Box to Indic	ate Nature of Notice, Report	t, or Other Data
NOTICE OF INTENTI	ON TO:	SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMEN	
OTHER:		OTHER:	
any proposed work) SEE RULE 11 7/25/94 - 7/29/94  1. MIRU, TOH W/ RODS & PUMP. TO 2. SPTD 600 GALS 15% NEFE HCL FI SI 1 HR. WELL ON VACUUM.  3. SET TREATING PKR. ACIDIZED CO 4. SCALE SQZD W/ 1 DRUM TH-793  5. TAGGED FILL @ 4608', C/O TO 47' OPT 9-1-94 PUMPING BY ROD PUI	O3.  OH W/ TBG. CLEANED OUT  ROM 4100'-4710'. SET PKR   OPEN HOLE W/ 8000 GALS 15  IN 10 BFW, OVERFLUSHED N  10'. TIH W/ TBG, RODS, & PU	FROM 4425'-4680'.  3 3329', SQ:ZD AN ADDL 600 GALS  5% NEFE HCL. MAX P = 3010#, AI  W/ 100 BFW'. SION.  JMP. RETURNED WELL TO PRO	R = 4.8 BPM. SION.
I hereby certify that the information above is true and form	TITLE_  Monte C. Duncan	Engr Asst	DATE <u>9/27/94</u> Telephone No. 397-0418
TYPE OR PRINT NAME	Tonic O. Danoan		
(This space for State Use)	TITLE		_SEP 3 <b>0 1994</b>
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	11166		DeScriptischole 12:02 ver 1:0