

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002502273
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1189
7. Lease Name or Unit Agreement Name Vacuum Grayburg San Andres Unit
8. Well No. 22
9. Pool name or Wildcat Vacuum Grayburg San Andres

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Texaco Producing Inc.

3. Address of Operator
P.O. Box 730, Hobbs, NM 88240

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line
Section 2 Township 18S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. 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.

04-03-90 thru 04-18-90

- 1) MIRU PU. TOH w/rods & pmp. TOH w/tbg.
- 2) TIH w/bit. Tag @ 4485'. C/O to 4755'. TOH.
- 3) TIH w/pkr. Set @ 4247'. TP @ 4751'.
- 4) Spt 500 gal ammonia bicarbonate across OH 4333-4755'.
- 5) Spt 500 gal 15% NEFE w/27 gal mutual solvent. PSA 3855'.
- 6) A/OH 4333-4755' w/1500 gal 15% NEFE. SI 1 hr.
- 7) Pmp 110 gals scale inhibitor in 75 Bbls FW. Flshd w/150 Bbls 2% KCl.
- 8) TIH w/prod tbg & equip. Returned to prod.

Test Prior - 100 BO, 90 BW, 55 MCFD
Test After - 101 BO, 122 BW, 69 MCFD

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

SIGNATURE Richard DeSoto TITLE Engineer's Assistant DATE 04/30/90

TYPE OR PRINT NAME R. B. DeSoto TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 2 1990