

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.                         | 3002502379                                                             |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | B-10784                                                                |
| 7. Lease Name or Unit Agreement Name | West Vacuum Unit                                                       |
| 8. Well No.                          | 47                                                                     |
| 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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Texaco Producing Inc.                                                                                                                                                                                             |
| 3. Address of Operator<br>P.O. Box 730, Hobbs, NM 88240                                                                           | 4. Well Location<br>Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>2970</u> <u>2310</u> Feet From The <u>East</u> <u>West</u> Line<br>Section <u>3</u> Township <u>18-S</u> Range <u>34-E</u> NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4037' DF                                                                    |                                                                                                                                                                                                                                          |

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>           |

SUBSEQUENT REPORT OF:

|                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input checked="" type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/>               |

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.

02-07-91 thru 04-18-91

- 1) MIRU PU. TOH w/prod equip. TIH w/bulldog bailer. C/O to 4736'. TOH w/bailer.
- 2) Log 5.5 csg w/GR/CNL/CAL/CCL fr 4736-3747'.
- 3) TIH w/pkr & TP to 4736'. Spt 185 gal ammonium bicarbonate acr OH 4547-4736'.
- 4) Acidized OH w/4185 gals 15% NEFE, 165 gals mutual solvent & 2500 lbs RS. Max P-3200#. Min P-2000#. AIR 4.1 BPM. ISIP-2400#. 15 Min-950#. TOH w/pkr.
- 5) TIH w/RBP. Set @ 4500'. TOH. Perf 5.5 csg 2 JSPI 4383,86,4439,43,66,81,89'. (8 Int/16 Hles). TIH w/pkr.
- 6) Acidized well w/4000 gals 15% NEFE & 32 BS's. Max P-4000#. Min P-3100#. AIR 2.4 BPM. ISIP-2700#. 15 min-2600#. TOH w/RBP to 1500#. Set BP.

Prior Test - 1 BOPD, 39 BWPD After Test - 14 BOPD, 121 BWPD

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 06/20/91

TYPE OR PRINT NAME R. B. DeSoto

TELEPHONE NO. 393-7191

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 16 1991

CONDITIONS OF APPROVAL, IF ANY: