

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.
B-1056

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR NOTICES TO ABANDON OR TO CEASE DRILLING IN A DIFFERENT RESERVOIR. USE THIS APPLICATION FOR REPORT ON PRODUCE TESTS FOR OTHER PURPOSES.)

1. OIL WELL GAS WELL OTHER- **Water Injection**

2. Name of Operator
TEXACO Inc.

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

7. Location of Well
 UNIT LETTER **J** **1330** FEET FROM THE **South** LINE AND **1425** FEET FROM

THE **East** LINE, SECTION **25** TOWNSHIP **17-S** RANGE **34-E** N.M.P.M.

7. Unit Agreement Name
Central Vacuum Unit

8. Farm or Lease Name
Central Vacuum Unit

9. Well No.
27

10. Field and Local or Wildcat
Vacuum Grayburg San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
3990' (GR)

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

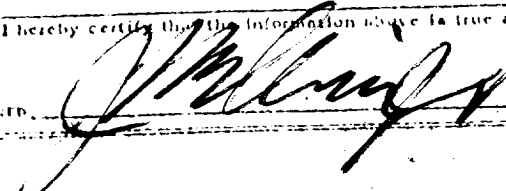
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" 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 _____	

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 1193.

**Spud 12-1/4" Hole 3:30 PM 2-12-78
 Total Depth 420'**

1. Ran 408' (10 Jts) 8-5/8" OD 24# K-55 Csg & set @ 420'.
2. Cemented w/425 sx Class 'C' Cement containing 2% CaCl & 1/4" Flocele per sack. Cement circulated. Job complete 8:30 PM 2-12-78. WOC 19 hrs.
3. Tested 8-5/8" OD csg w/800# for 30 minutes, 3:30-4:00 PM 2-13-78. Tested OK. Job complete 4:00 PM 2-13-78.

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

SIGNED:  TITLE **Asst. Dist. Supt.** DATE **2-15-78**

ACCEPTED BY: _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: