

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. 3002502276

5. Indicate Type of Lease STATE [X] FEE []

6. State Oil & Gas Lease No. B-3011-1

7. Lease Name or Unit Agreement Name

Vacuum Grayburg San Andres Unit

8. Well No. 21

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 [X] 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 L : 1980 Feet From The South Line and 660 Feet From The West Line Section 2 Township 18-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4027' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [], PLUG AND ABANDON [], TEMPORARILY ABANDON [], PULL OR ALTER CASING [], OTHER: []. SUBSEQUENT REPORT OF: REMEDIAL WORK [X], ALTERING CASING [], COMMENCE DRILLING OPNS. [], PLUG AND ABANDONMENT [], CASING TEST AND CEMENT JOB [], 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.

- 09-05-89 thru 10-02-89
1) MIRU PU. Instld BOP. TOH w/tbg & sub pmp.
2) TIH w/Bulldog bailer. C/O to 4634' PBTD. TOH w/bailer.
3) TIH w/492' 2-3/8" TP, pkr & 2-3/8" tbg. TP @ 4617'. Pkr @ 4125'. Spt 600 gal. ammonium bicarb across OH 4232-4634'. Pld tbg. TP @ 4393'. Pkr @ 3900'. Set pkr. Ld backside.
4) A/ & scale squeeze OH 4232-4634' w/2000 gal. 15% NEFE 3 drums gaptron T-133 1000# CaCl & flushed w/2% KCl.
5) TOH laying dn 2-3/8" tbg. TIH w/2-7/8" tbg, pmp & rods. Returned to production.

Test Prior 19 BO, 294 BW
Test After 6 BO, 277 BW

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE Area Manager DATE 11/21/89 TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 28 1989 APPROVED BY CONDITIONS OF APPROVAL, IF ANY: