

OIL CONSERVATION DIVISION

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

Office
11
x 1980, Hobbs, NM 88240
CT II
Box Drawer DD, Artesia, NM 88210
ICT III
Rio Brazos Rd., Aztec, NM 87410

SUNDRY NOTICES AND REPORTS ON WELL
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.)

Type of Well: OIL WELL GAS WELL OTHER INJECTION

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter D : 101 Feet From The NORTH Line and 534 Feet From The WEST Line
Section 6 Township 10-S Range 35-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3985' GR

WELL API NO.	30-025-32800
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1113-1
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	193
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

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 CHANGE PLANS
PULL OR ALTER CASING
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPERATION 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. ---

- 12-17-97: MIRU.
 - 12-18-97: MIRU REV UNIT. ND WH. NU BOP. REL PKR. CHNG RAMS IN BOP. TIH W/BIT ON WS TO 4014'.
 - 12-19-97: TIH & TAG @ 4396'. ESTAB CIRC. WSH TO 4750'. CIRC CLN. TIH W/PKR, SN & TBG TO 4189'. SET PKR. PRESS CSG TO 500#. OK.
 - 12-22-97: A/PERFS 4279'-4662'W/10,000 GALS 15% NEFE HCL ACID & 6000# RK SLT IN 4 STGS OF AICD. MAX-2710. AVG-1400. ISIP-1400. FLOW & SWAB 90 BBLS.
 - 12-23-97: REL PKR. TIH W/PKR. LEFT SWINGING @ 4214'.
 - 12-24-97: TIH W/PUMP OUT PLUG. PKR @ 4214'. REL ON/OFF TOOL. CIRC HLE W/PKR FLUID. LATCH ONTO TOOL. ND BOP. NU CO2 WH. TEST & CHART CSG TO 500# FOR 3 MIN. OK.
 - 1-05-98: ON 24 HR OPT. INJ'G 1354 BWPD @ 735#. CHANGE STATUS FR WO TO WIW. *OK*
- FINAL REPORT.

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 1/16/98
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
APPROVED BY CHRIS WILLIAMS DISTRICT SUPERVISOR TITLE DISTRICT SUPERVISOR DATE SEP 04 1998
CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

Hobbs, NM 88240

P.O. Box 2088

Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

Aztec, NM 87410

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5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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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 OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: PERFORMED MIT & RETURNED TO INJECTION <input checked="" 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.

12-24-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4214' as per NMOCD guidelines to 500# for 30 mins. Held OK.
2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

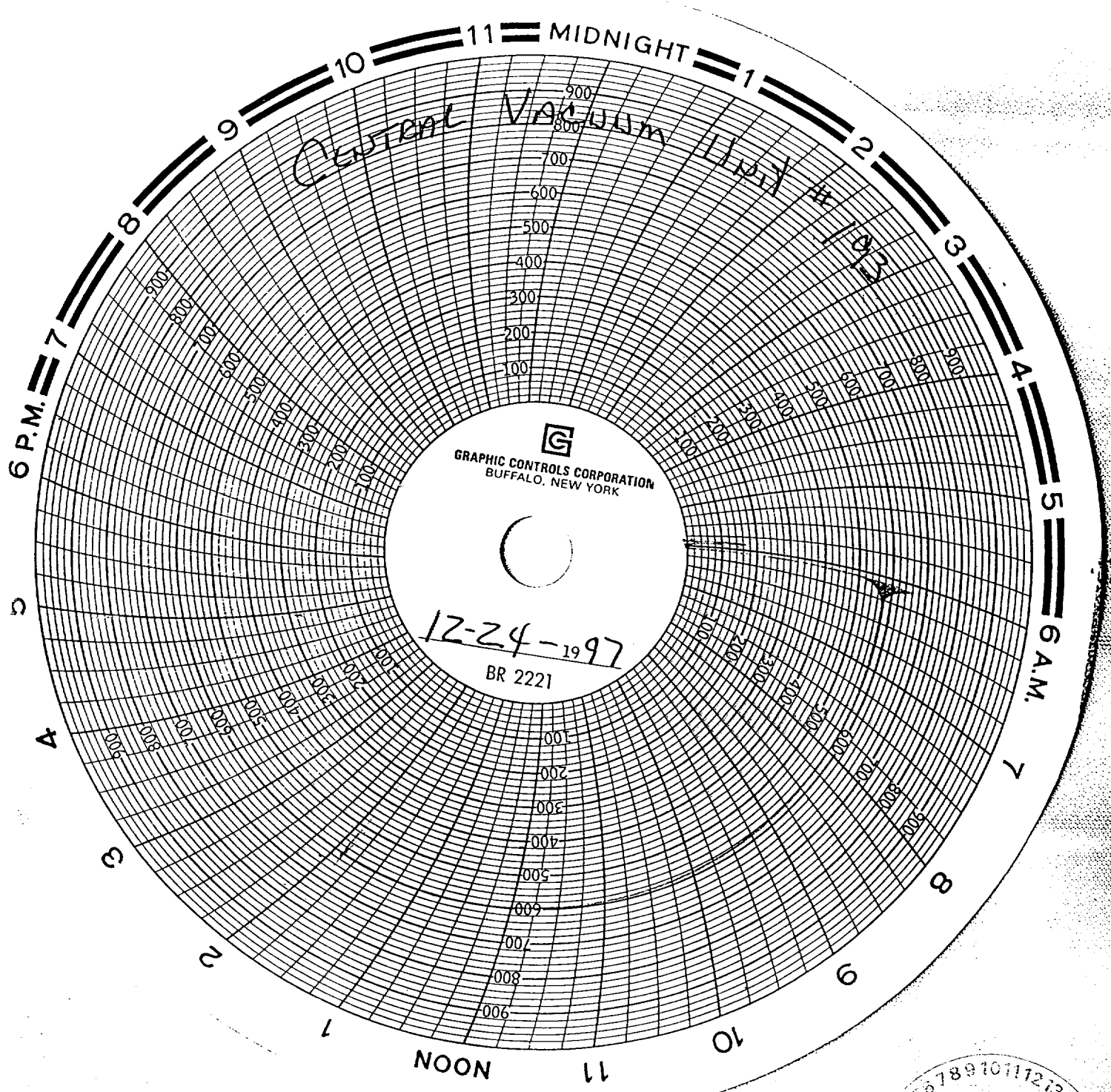
(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 1/5/98
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Received
 Hobbs
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