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U.S.G.S.	
LAND OFFICE	
OPERATOR	

P. O. BOX 2038

SANTA FE, NEW MEXICO 87501

5a. Indicate Type of Lease
State Foo

5. State Oil & Gas Lease No.
B-1565

7. Unit Agreement Name
Central Vacuum Unit

8. Farm or Lease Name
Central Vacuum Unit

9. Well No.
54

10. Field and Pool, or Wildcat
Vacuum Grayburg
San Andres

12. County
Lea

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.)

OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO Inc.

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

4. Location of Well
UNIT LETTER D FEET FROM THE 660 North LINE AND 660 FEET FROM
THE West LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4018' DF

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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Deepen in San Andres	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 1103.

- RIG UP. PULL RODS AND PUMP. INSTALL BOP. PULL TUBING.
- CLEAN OUT AND DEEPEN TO 4728'. LOG WELL.
- SET PACKER @ 3700'. PUMP 200 GALS AMMONIUM BICARBONATE INTO FORMATION.
- ACIDIZE OPEN HOLE SECTION 4100' - 4728' W/10,000 GALS 15% GELLED NEFE ACID IN 5-STAGES USING 500# ROCK SALT AND 500# MOTH BALLS BETWEEN STAGES. FLUSH.
- INSTALL PRODUCING EQUIPMENT. TEST AND RETURN TO PRODUCTION.

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

SIGNED [Signature] TITLE Asst Dist Mgr DATE 1-5-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE JAN 9 1984

CONDITIONS OF APPROVAL, IF ANY: