Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

OH CONCEDIVATION DIVICION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	DIL CONSERVATION DO Por 20		WELL API NO.	
DISTRICT II	P.O. Box 20 Santa Fe, New Mexico		30-025-02251	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III	build 1 0, 1 to W 1 to Alect	0,504 2500	5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-1080	
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"				
			7. Lease Name or Unit Agreement Name	224
	101) FOR SUCH PROPOSALS.)		VACUUM GRAYBURG SAN ANDRES	
OF X GYS C	OTHER			
2. Name of Operator	.d		8. Well No.	
Texaco Exploration and Pro 3. Address of Operator	bauction inc.		9. Pool name or Wildcat	
P. O. Box 730 Hobbs,	NM 88240		VACUUM GRAYBURG SAN ANDRES	
4. Well Location			THOUSE STATES	
Unit Letter C : 6	71 Feet From The NORTH	Line and	1980 Feet From The EAST	Line
Section 1	Township 18-S	ange 34-E	NMPM LEA	
	10. Elevation (Show whether			
	4004'			
NOTICE OF INT	Appropriate Box to Indicate ENTION TO:		eport, or Other Data SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. DPLUG AND ABANDONMEN	т
PULL OR ALTER CASING CASING		CASING TEST AND CE	EMENT JOB 🗌	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operationsk) SEE RULE 1103.	tions (Clearly state all pertinent details, a	und give pertinent dates, inclu	ding estimated date of starting any proposed	
6/22/93 - 7/7/93 1. MIRU, TOH W/ RODS & TUB	ING. TAGGED BOTTOM @ 471	O'. UNDERREAMED F	FR 4100'-4710', CIRCD HLE CLEAN.	
2. SPTD 1000 GALS 15% HCL NEFE @ 4700', SET PKR @ 3200', LOADED BS.				
3. ACIDIZED FORMATION W/ 6000 GALS 15% HCL NEFE, AIR = 4 BPM. SWABBED BACK LOAD.				
4. SCALE SQZD W/ 5 DRUMS TH-793 IN 60 BFW, OVERFLUSHED W/ 500 BFW.				
5. TIH W/ SUB PMP & RETURNED WELL TO PRODUCTION.				
OPT 9/8/93 60 BOPD, 892	BWPD, 40 MCFD			
I hereby certify that the information above is true	and complete to the best of my knowledge an	d belief.		—
SKONATURE That the		TLE ENGINEER'S ASSI	ISTANT PATE 9-20-93	
TYPE OR PRINT NAME MONTE C. DUN			TELEPHONE NO. 393-71	91
				_
,	NED BY JERRY SEXTON		orn 0 a 400/	.
APTROVED BY	T I SUPERVISOR m	1.E	DATE SEP 23 1993	<u> </u>

RECEIVED

SEP 2 3 1993

OFFICE