

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.

30-025-02252

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-1080

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

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

4. Well Location
Unit Letter E 1980 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 1 Township 18S Range 34E NMPM LEA COUNTY

7. Lease Name or Unit Agreement Name

VACUUM GRAYBURG SAN ANDRES UT

8. Well No.

40

9. Pool Name or Wildcat

VACUUM GRAYBURG SAN ANDRES

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4008' 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 ☐ 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.

7/17/97-7/19/97

1. MIRU, TOH W/ Productions equipment. SDFN

2. TIH w/ 4 3/4 Bit and bull dog bailer on 2 7/8 tbg. Tagged fill @ 4695' and cleaned out fill to 4703'. TOH. TIH 2 7/8 tailpipe, 5 1/2 pkr on 2 3/8 tbg. Btm tailpipe @ 4365' and pkr @ 4049'. SDFN

3. Acidized OH 4706'-4710' w/ 6000 gals 15% NEFE HCL and 3150# Rock Salt. (Max-200 Psi and AIR-4.3 BPM) SDFN

4. TOH TIH w/ production equipment.

OPT 8/7/97 POB: BO-95 BW-45 MCF-41

(INTERNAL TEPI STATUS REMAINS PM)

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

SIGNATURE Bobby G. McCurry TITLE Engineering Assistant

DATE 10/2/97

TYPE OR PRINT NAME Bobby G. McCurry

Telephone No. 397-0446

(This space for State Use)

APPROVED BY CHRIS WILLIAMS TITLE SUPERVISOR

DATE 10/7/97

CONDITIONS OF APPROVAL, IF ANY: