

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.<br>30-025-02269                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-3011-1                                                            |
| 7. Lease Name or Unit Agreement Name<br>Vacuum Grayburg San Andres Unit                             |
| 8. Well No.<br>36                                                                                   |
| 9. Pool name or Wildcat<br>Vacuum Grayburg San Andres                                               |

|                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                             |  |
| 2. Name of Operator<br>Texaco Producing Inc.                                                                                                                                                                  |  |
| 3. Address of Operator<br>P.O. Box 730 Hobbs, NM                                                                                                                                                              |  |
| 4. Well Location<br>Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line<br>Section <u>2</u> Township <u>18S</u> Range <u>34E</u> NMPM Lea County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4029 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 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. 6-4-90 thru 6-14-90

1. MIRV PU TOH w/rods & pmp - NU BOP - Jar stuck tbg - TOH w/tbg
2. TIH w/Bulldog bailer - c/o to 4695 - TOH w/bit - TIH w/pkr
3. Spot 500 gall Ammonium Bicarbonate across OH 4079 - 4695
4. Set pkr @ 3492 TP @ 4092 - Acidize w/2000 gall 15% NEFE & Scl Sqz w/2 drums TH-783 Max 100, min 50, Air 4 BPM, ISIP vac.
5. TOH w/pkr - TIH w/ prod equip Ret. to prod.

Test Prior 52 BO 80 BW

Test After 40 BO 92 BW

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 7-28-90

TYPE OR PRINT NAME Richard DeSoto

TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: