

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. 3002502271
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1189
7. Lease Name or Unit Agreement Name Vacuum Grayburg San Andres Unit
8. Well No. 24
9. Pool name or Wildcat Vacuum Grayburg San Andres

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Texaco Producing, Inc.	
3. Address of Operator P.O. Box 730, Hobbs, New Mexico 88240	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>18-S</u> Range <u>34-E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4010' (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.

- 7-19-89
1. RUPU, POH w/rods, tbg stuck; cut tbg @ 3959'; Jar fish loose POH.
 2. TIH w/ 4 3/4" bit & clean-out open hole 4089' to 4710' TD; spot ammon. bicarb, TOH w/bit.
 3. TIH w/ 5 1/2" PKR and tbg set @ 4014'.
 4. Treat w/2000 gals 15% HCL NEFE & 6000 glas 15% gelled HCL NEFE and 3500# rock salt in 4 stages; scale squeeze 2 drums. Max P. = 2000 psi; min P. = 0, Avg. rate 4 BPM, ISIP= 1200 psi, 10 min=0, TOH w/ pkr.
 5. TIH w/tbg, pump & rods, put well on 8-3-89 24 hr test 115 BO & 321 BW; test prior 90 BO & 329 BW.

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

SIGNATURE J.A. Head TITLE Area Manager DATE 8-10-89
TYPE OR PRINT NAME J.A. Head TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

AUG 14 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: