

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3002502278

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

858150

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.)

7. Lease Name or Unit Agreement Name

WEST VACUUM UNIT

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.

43

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

9. Pool Name or Wildcat

VACUUM GRAYBURG SAN ANDRES

4. Well Location

Unit Letter D : 330 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 3 Township 18S Range 34E NMPM LEA COUNTY

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

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: ☒ C/O, ACIDIZE, SCALE SQUEEZE

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.

9-23-99: MIRU. PMP STUCK W/PARAFFIN.

9-24-99: HOT WTR CSG. NUBOP.

9-27-99: TIH W/BIT & BAILER. TEST TBG. C/O 4705-4756 ON METAL.

9-28-99: TIH W/PKR. ATTEMPT TO SET @ 4150'. WILL NOT SET. TIH W/PKR. SET @ 4143'. LOAD & TEST CSG TO 300 PSI-OK.

9-29-99: ACIDIZE W/6000 GALS 15% NEFE & 3050 LBS RL SKT. SWAB WELL.

9-30-99: SCALE SQUEEZE.

10-01-99: REL PKR. RETURN WELL TO PRODUCTION.

10-17-99: ON 24 HR OPT. PUMPED 15 BO, 35 BW, & 1 MCF.

FINAL REPORT

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

SIGNATURE

J. Denise Leake

TITLE Engineering Assistant

DATE 11/04/1999

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: