

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	3002502288
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	858150
7. Lease Name or Unit Agreement Name	WEST VACUUM UNIT
8. Well No.	39
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line
Section 4 Township 18S Range 34E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

1. Move in and rig up pulling unit.
2. Set CIBP @ +/- 4450' and dump 35' cmt on top of plug.
3. Check casing integrity. In case of failure, take appropriate action.
4. Circulate hole with inhibited fluid and tested as per NMOCD guidelines to 500# for 30 minutes.
5. Request temporary abandon well status.

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

SIGNATURE <u>M. Siamak Safargar</u>	TITLE <u>Prod. Engineer</u>	DATE <u>May 6, 97</u>
TYPE OR PRINT NAME <u>M. Siamak Safargar</u>	Telephone No. <u>397-0429</u>	
ORIGINAL SIGNED BY <u>JERRY SEXTON</u>		
APPROVED BY <u>JERRY SEXTON</u>	TITLE <u>SUPERVISOR</u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		

DeSoto/Nichols 12-93 ver 1.0

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May 1997
Received
Fonds
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