

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.

30-025-03089

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1306

7. Lease Name or Unit Agreement Name

CENTRAL VACUUM UNIT

8. Well No.

96

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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Texaco Exploration and Production Inc.

3. Address of Operator

P. O. Box 730 Hobbs, NM 88240

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line
County

Section 6 Township 18-S Range 35-E NMPM LEA

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

3982' 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.

10/12/92 - 10/22/92

1. MIRU. TOH W/ PROD EQUIP.

2. SPTD 450 GALS AMMONIUM BICARBONATE FR 4216'-4705', SET PKR @ 3705', SQZD 450 GALS AMMONIUM BICARBONATE INTO PERFS.

3. ACIDIZED OH 4105'-4705' W/ 7450 GALS 15% HCL NEFE, MAX P = 50#, AIR = 4 BPM

4. SCALE SQZD W/ 4 DRUMS TH-793 IN 48 BFW, OVERFLUSHED W/ 500 BFW.

5. RETURNED WELL TO PRODUCTION.

OPT 10/26/92 169 BOPD, 148 BWPD, 70 MCFD

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 11-30-92

TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

DEC 01 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: