State of New Mexico Submit 3 Copies Form C-103 finerals and Natural Resources Department to Appropria Enery District Office Revised 1-1-29 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICT II -300250954 --Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATEXX FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1031 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Central Vacuum Unit VELL X GAS VELL 2. Name of Operator 8. Well No. Texaco Producing Inc. 117 3. Address of Operator 9. Pool name or Wildcat P.O. Box 730, Hobbs, NM 88240 Vacuum Grayburg San Andres 4. Well Location 0: 990 Feet From The South Line and 2310 Feet From The ___ East Line Section 6 Township 18S Range NMPM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3980' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON X REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. Central Vacuum Unit Well No. 117 Proposed Plugging Procedures

- 1). Backflow well.
- 2). MIRU pulling unit. Install BOP. 445-6
- 3). Spot 35 ft (2 sxs class "C") on CIBP.
- 4). RIH with tubing to PBTD. Fill hole with salt gel mud (10 lb. brine with 25 lbs. of gel per barrel).

 5). Spot 50 sy plug of glass "S" serent form 2622 at
- 5). Spot 50 sx plug of class "C" cement from 2620 ft to 1505 ft.
- 6). Spot 10 sx plug of class "C" cement at surface.
- 7). Cut off well. Install marker. Rig down pulling unit. Clean location.

(This space for State Use)	
TYPEOR FRONT NAME R. B. DeSoto	TELEPHONE NO. 393-7191
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signature Engineering Technician	DATE07/20/90
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
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TITLE .

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JUL 25 1990

- DATE -

CONDITIONS OF AFFROVAL, IF ANY:

APPROVED BY-

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