STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	T	
DISTRIBUTION		
SANTA FE		Ī
FILE	\Box	
U.S.O.S.	\prod_{-}	
LAND OFFICE		
OPERATOR		Ĭ

CIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088	Form C-102 Revised 19-1-78		
SANTA FE	SANTA FE, NEW MEXICO 87501			
FILE		Sa. Indicate Type of Lease		
U.S.O.S.		State X Fee		
LAND OFFICE		5. State Oil & Gas Lease No.		
DPERATOR	ل			
		3-1189-1		
SUNDA	RY NOTICES AND REPORTS ON WELLS OPESALS TO DRILL ON TO DEFPEN ON PLUG BACK TO A DIFFERENT RESERVOIR.			
USE "APPLICAT	TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	3 Half Assampti Name		
1.		⁷ Väcuum Grayburg		
MELL WELL	OTHER-	San Andres		
2. Name of Operator		Vacuum Grayburg		
Texaco Inc.		San Andres / wit		
3. Address of Operator		9. Well No.		
P. O. Box 728, Ho	obbs, New Mexico 88240	16		
4. Location of Well		10 Vacuum ograyburg		
	2000 Couth 1.1			
UMIT LETTER	7400 FEET FROM THE SOUTH LINE AND 1 FEET FRE			
	0 10 m			
THE LAST LINE, SECTI	ION 2 TOWNSHIP 18-3 RANGE 3/1-5 HMP			
mmmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County		
		Lea		
	4004 (<i>3</i> R)			
16. Check	Appropriate Box To Indicate Nature of Notice, Report or C	Other Data		
NOTICE OF I	NTENTION TO: SUBSEQUE	NT REPORT OF:		
•				
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPOPARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB			
POLE OF XEIZH CASING	OTHER			
OTHER Convert to Wa				
	i e e e e e e e e e e e e e e e e e e e			
17. Describe Proposed or Completed O	perations (Clearly state all pertinent details, and give pertinent dates, includi	ng estimated date of starting any proposed		
work) SEE RULE 1103.				
7 Pigun Pull	I rode & num Check TD w/tuhing.			
 Rig up. Pull rods & pump. Check TD w/tubing. Clean out to total depth if necessary. 				
The same and the s				
	1428, 14742, w/ 900 gais. 196 NE Acid. b	mab.		
4. Pull tubing.	o was a state a sector of turbing to Dien. Cot mism	@ hasa		
	plastic coated tubing w/Pkr. Set pkr.	e 4380°.		
	w/inhibited water.			
7. Commence water	er injection.			
18. I hereby certify that the information	n above is true and complete to the best of my knowledge and belief.			
/	•			
	Asst. Dist. Mgr.	DATE 4/3/81		
DIENTO CONTENTAL	tite Upper Diper 1921.	DATE		
		1200		

Orig Signed by Jerry Sexton

CONDITIONS OF APPROVAL, IF ANY: