

Submit 3 copies to Appropriate District Office

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.	30-025-24328
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1189-1
7. Lease Name or Unit Agreement Name	VACUUM GRAYBURG SAN ANDRES UT
8. Well No.	15
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL GAS WELL OTHER INJECTION

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location: Unit Letter J, 1400 Feet From The SOUTH Line and 2450 Feet From The EAST Line
Section 2, Township 18S, Range 34E, NMPM, LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4009' GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPERATION
- CASING TEST AND CEMENT JOB
- OTHER: PERFORMED MIT & RETURNED TO INJECTION
- ALTERING CASING
- PLUG AND ABANDONMENT

2. 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.

4-09-01

1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 4237' AS PER NMOCD GUIDELINES TO 550# FOR 30 MIN. HELD OK.
 2. RETURNED TO INJECTION. PERFS: 4531-4751'
- (ORIGINAL CHART ATTACHED AND COPY OF CHART ON BACK)

INTERNAL TEPI STATUS: INJ

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 5/3/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED _____ TITLE _____
CONDITIONS OF APPROVAL IF ANY: _____

DATE

MAY 09 2001