

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

<p>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.)</p>	
1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER INJECTION
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>J</u> : <u>1400</u> Feet From The <u>SOUTH</u> Line and <u>2450</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>18S</u> Range <u>34E</u> NMPM <u>LEA</u> 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 ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 OTHER: ☒ INSTALLED NEW INJ PACKER & TESTED CASING

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.

3-30-95

1. MIRU. RELEASED INJECTION PKR & TOH W/ INJECTION EQUIP.

2. TIH W/ 2 3/8" CEMENT LINED TUBING STRING AND NEW INJECTION PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 4251'.

3. TESTED 4 1/2" CASING FROM SURFACE TO PKR SET @ 4251' AS PER NMOCD GUIDELINES TO 500# FOR 30 MINUTES, HELD OK.

4. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS REMAINS: INJ)

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 4/25/95
 TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE

CONDITIONS OF APPROVAL, IF ANY:

MAY 01 1995
DATE

MP

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