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. 3002524359

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. B-3011-1

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.)

7. Lease Name or Unit Agreement Name: Vacuum Grayburg San Andres Unit

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Injection Well

2. Name of Operator: Texaco Producing Inc.

8. Well No. 14

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Vacuum Grayburg San Andres

4. Well Location
Unit Letter K : 1500 Feet From The South Line and 1500 Feet From The West Line

Section 2 Township 18-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4014' GR

11. 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 [ ]	REMEDIAL WORK [X]	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.

10-23-89 thru 10-29-89

1) MIRU PU. Instld BOP. MIRU Rev Unit. Rel pkr. TOH.
2) TIH w/4-3/4" bit, 4-3-1/2" Dc's & 2-3/8" WS to 4266'.
3) C/O to 4770'. Cir hole. Spt 500 gal. 4% NA Perborate across perfs 4748-4512'. TOH w/bit laying dn DC's.
4) TIH w/309' TP, pkr & 2-3/8" tbg. TP @ 4750'. PSA 4441'. Spt 500 gal. 15% NEFE w/1/2 drum checkersol. Pld up. PSA 4132'. TP @ 4440'. A/perfs 4512-4748' w/ 5500 gal. 15% NEFE & 42 1.1 Specific Gravity BS's. TOH w/pkr laying dn WS.
5) TIH w/5-1/2" Baker LocSet pkr & 2-3/8" PC tbg. Cir annulus w/pkr fluid. PSA 4413'. Test csg 500 psi 30 min. Returned to injection.

Test Prior 73 BW, 1100 psi
Test After 334 BW, 1190 psi

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

SIGNATURE J A Head TITLE Area Manager DATE 11/21/89

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505)393-7191

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 28 1989

CONDITIONS OF APPROVAL, IF ANY: