State of New Mexico

DeSoto/Nichols 12-93 ver 1.0

Submit 3 copies to Appropriate District Office	En, Minerals and Natu	ral Resources Department		Revised 1-1-89
DISTRICT I	OII CONSEDVA	TION DIVISION	MELL ADIMO	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO. 30 025 25796	
Santa Fe New Mexico 87504-2088			5. Indicate Type of Lease	
F.O. Box Diawei DD, Aitesia, NM 60210			STATE	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	n		6. State Oil / Gas Lease No. B-1113	
	NOTICES AND REPORTS ON	WELL	D-1118	FI
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement N	lame
	RM C-101) FOR SUCH PROPOSAL		CENTRAL VACUUM UNIT	
1. Type of Well: OIL C	SAS OTHER INJECTION			
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 106	
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SAN	N ANDRES
4. Well Location		10DTH 1: 4040	54-5	
Unit LetterE:	Feet From The	NORTH Line and 1040	Feet From The	Line
Section6_	Township 18S	Range <u>35E</u> NM	IPM <u>LEA</u> C	YTNUC
	10. Elevation (Show whether DF,	RKB, RT,GR, etc.) 3972' GR		
11. Chack	Appropriate Box to Indicate		or Other Date	
		1		O.C.
NOTICE OF INTENT		_	JBSEQUENT REPORT (
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	=	ONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	TI JOB DED PAY AND ACIDIZED FORMATIO	IN 157
OTHER:		OTHER: AD	DED FAT AND ACIDIZED TOMINATIO	<u> </u>
 Describe Proposed or Completed C work) SEE RULE 1103. 	Operations (Clearly state all pertinent	details, and give pertinent dates,	including estimated date of starting	any proposed
11/18/93 - 11/24/93				
1. MIRU, RELEASED PKR & TOH W	// INJ EQUIP, C/O TO 4765' (PBTD).		
2. PERFD W/ 2 JSPF FR 4238'-4416	7 (13 INT - 26 HLES).			
3. SPTD ACID ACROSS PERFS, SI	1 HR, CIRCO OUT ACID. SET PKE	R @ 4200' & TSTD CSG TO 500)#, OK.	
4. ACIDIZED FORMATION W/ 9,000	GALS 20% NEFE. MAX P = 1800#	, AIR = 4 BPM. SWABBED BA	CK LOAD.	
5. TIH W/ INJ EQUIP, CIRCD HOLE	W/ PKR FLUID, SET PKR @ 4183	TSTD CSG TO 520# FOR 30 I	MIN, OK.	
6. RETURNED WELL TO INJECTIO	N.			
(ORIGINAL CHART ATTACHED, C	COPY OF CHART ON BACK)			
OPT 11-28-93 1570 BWPD @ 940	PSI			
•				
I hereby certify that the information above is true and comp		ngr Asst	BATE	
SIGNATURE / Inte Colom	TITLE E	1191 7 1331	DATE	94
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No.	397-0418
(This space for State Use) RIGINAL SIGNED	RY JERRY SEXTON		~ .	
APPROVED BY DISTRICT I	SUPERVISOR TITLE		DATE	504
CONDITIONS OF APPROVAL, IF ANY:				

