

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	3002525800
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	857943
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	115
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3971' GL

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.)

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

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter J : 1600 Feet From The SOUTH Line and 1500 Feet From The EAST Line  
Section 6 Township 18S Range 35E NMPM LEA COUNTY

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: ☐

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.

5/24/94 - 5/29/94

1. MIRU, RELEASED PKR & TOH W/ INJ EQUIP, C/O TO 4742'.
2. SET TREATING PKR @ 4363', ACIDIZED PERFS FR 4560'-4705' W/ 5000 GALS 20% NEFE. MAX P = 4000#, AIR = 4 BPM. SI 1 HR. SWABBED BACK LOAD. TOH W/ TREATING PKR.
3. TIH W/ INJ PKR & INJECTION STRING OF 2 3/8" DUO-LINE CEMENT LINED INJECTION TUBING.
4. CIRCD HOLE W/ PKR FLUID, SET PKR @ 4391', TSTD CSG TO 500# FOR 30 MIN, HELD OK.
5. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

OPT 6-2-94 INJECTING 67 BWPD @ 850 PSI

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 6/30/94

TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

APPROVED BY Monte C. Duncan TITLE Engr Asst DATE JUL 05 1994

CONDITIONS OF APPROVAL, IF ANY:

