

NEW MEXICO OIL CONSERVATION COMMISSION

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SANITARY	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
Unknown

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR A PROPOSAL TO ABANDON OR PLUG A WELL OR TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO ABANDON OR PLUG A WELL FOR A PROPOSAL.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- **Water Injection**
2. Name of Operator
TEXACO Inc.
3. Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER **B** **10** FEET FROM THE **North** LINE AND **1550** FEET FROM
THE **East** LINE, SECTION **12** TOWNSHIP **18-S** RANGE **34-E** N.M.P.M.

7. Unit Agreement Name
Central Vacuum Unit
8. Farm or Lease Name
Central Vacuum Unit
9. Well No.
133
10. Field and Pool, or Wildcat
Vacuum Grayburg San Andres

13. Elevation (Show whether DP, RT, GR, etc.)
3984' (GR)

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPER. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☒ **Perforate & Acidize**

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1193.

- Total Depth
Plug Back Total Depth 4760'
13-3/8" OD 48# H-40 csg set @ 367'
9-5/8" OD 32# K-55 csg set @ 1540'
4-1/2" OD 10.5" K-55 csg set @ 4800'
1. Perforate 4-1/2" OD csg w/2-JSFF @ 4543', 51', 61', 87', 96', 4603', 05', 12', 16', 30', 33', 37', 45', & 4647'.
 2. Set pkr @ 4512'. Acidize perforations 4543'-4647' w/6000 gal 15% NE Acid in 2-equal stages using 500# rock salt & Benzoic Acid Flakes between stages.
 3. Ran 2-3/8" OD plastic coated tubing w/pkr and set @ 4475'. Load Annulus w/ inhibited water.
 4. Completed as shut-in Water Injection Well, 10-4-78.

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

SIGNED *[Signature]* TITLE Asst. Dist. Supt. DATE 10-6-78

APPROVED BY *[Signature]* TITLE DATE 001 10 1978
CONDITIONS OF APPROVAL, IF ANY: