

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.	30-025-25998
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.	137
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter D : 1100 Feet From The NORTH Line and 40 Feet From The WEST 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: PERFORMED MIT & RETURNED TO INJECTION ☒

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.

01-09-98

1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 4251' AS PER NMOCD GUIDELINES TO 500# FOR 30 MINS. HELD OK.
2. RETURNED TO INJECTION.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

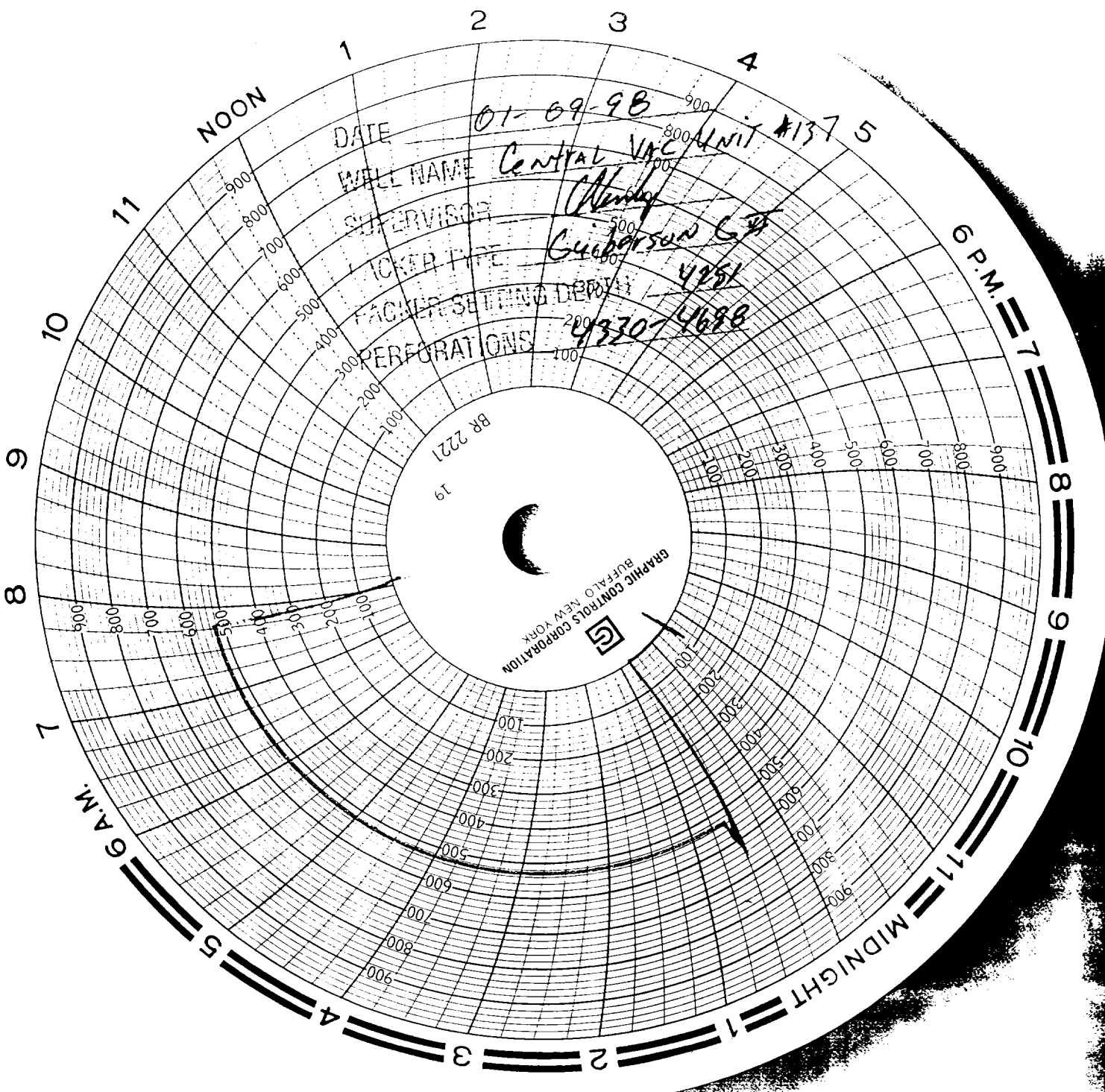
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 1/21/98
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS

APPROVED BY CHIEF OF DISTRICT I SUPERVISOR TITLE CHIEF OF DISTRICT I SUPERVISOR DATE 1/22/98

CONDITIONS OF APPROVAL, IF ANY:



DATE 01-09-98
WELL NAME Central Vac Unit #137 5
SUPERVISOR Cheney
LICKER TYPE Guiperson G
FACILITY SETTING DEPTH 4251
PERFORATIONS 43301-4688

GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

BR 2221
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