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.
3002527974

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

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

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.
63

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 B : 50 Feet From The North Line and 2630 Feet From The East Line

Section 2 Township 18S Range 34E 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	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	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.

SEE ATTACHMENT

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 07/20/90

TYPE OR PRINT NAME R. B. DeSoto TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WORK OVER PROCEDURE VGSAU 63 WIW

1). BACKFLOW WELL IF POSSIBLE.

2). RUPU, RELEASE PACKER, INSTALL BOP AND TOH WITH TBG AND PACKER.

3). TIH WITH 4 3/4" BIT, DRILL COLLARS ON 2 7/8" WORKSTRING. CLEAN OUT TO TD 4744', SPOT 300 GALS (7 BBLS) 4% NA-PERBORATE (100#). (HEAT WATER TO 130 DEGREES F; MIX 100#--4% BY WEIGHT NA-PERBORATE IN 300 GALS). SION

4). TOH WITH WORKSTRING, COLLARS AND BIT.

5). PERFORATE 5 1/2" CSG WITH 2 JSPF AT THE FOLLOWING INTERVALS: 4502, 14, 17, 34, 37, 76, 4600, 04, 78, 84, 93, 4703, 34, 36, and 4738. 15 INTERVALS; 30 HOLES.
(RUN GR-CNL-COLLAR LOG IF NONE IS AVAILABLE).

6). TIH WITH 350" TAILPIPE, TREATING PACKER, SPOT CONTROL VALVE AND WORKSTRING TO 4738'; SPOT 300 GALS 15% HCL NEFE WITH 20 GALS CHECKERSOL MUTUAL SOLVENT. FOLLOW WITH FLUSH OF 1/2 BBL FRESH WATER SPACER AND 300 GAL 4% NA-PERBORATE, 1/2 BBL FRESH WATER SPACER AND 600 GALS 15% HCL NEFE WITH 35 GALS CHECKERSOL (REMAINDER OF DRUM), AND 3.5 BBLS FRESH WATER. PULL UP HOLE 350' TO 4388' (PACKER AT 4038') SET PACKER 4038'. PULL SPOT CONTROL VALVE.

7). **TREAT DOWN TBG WITH 5100 GALS 15% HCL NEFE IN 3 STAGES AS FOLLOWS: ESTABLISH RATE AT 3.5 TO 4 BPM DROP 500# SALT BLOCK IN X-LINKED BRINE (6-10 BBLS), 1000 GALS ACID (24 BBLS), DROP 1 BALL SEALER EVERY 3 BBLS ACID. SWITCH TO X-LINKED BRINE AND DROP 1000# SALT, (10-15 BBLS). ACID 2000 GALS (48 BBLS), DROP 1 BALL SEALER EVERY 3 BBLS ACID. SWITCH TO X-LINKED BRINE AND DROP 1500# SALT (15-20 BBLS). ACID 2100 GALS (50 BBLS), DROP 1 BALL SEALER EVERY 3 BBLS ACID. FLUSH ACID TO BOTTOM PERF. SHUT IN ONE HOUR. AIR--4BPM, MAX = 4000 PSI.**

8). **OPEN, FLOW BACK AND/OR SWAB FOR ONE DAY, POH.**

9). **RUN INJECTION PACKER AND INJECTION TUBING, SET PKR @ 4450'; LOAD BACKSIDE WITH INHIBITED WATER. RETURN TO INJECTION, RDPU.**

10) **RUN INJECTION PROFILE AFTER WELL STABILIZES.**