

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.	30-025-28116
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1446
7. Lease Name or Unit Agreement Name	WEST VACUUM UNIT
8. Well No.	55
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4022' GR	

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 INJECTION

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter: A : 170 Feet From The NORTH Line and 110 Feet From The EAST Line
Section 3 Township 18S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4022' GR

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: REPAIRED INJ PACKER AND TESTED CASING ☒

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.

12/18/95

1. MIRU. RELEASED INJECTION PKR & TOH W/ INJ EQUIP.
2. REPAIRED 5 1/2" AD-1 INJECTION PACKER.
3. TIH W/ 2 3/8" RICE DUO-LINE TUBING STRING AND REPAIRED INJ PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 4429'.
4. TESTED 5 1/2" CASING FROM SURFACE TO PKR SET @ 4429' AS PER NMOC D GUIDELINES TO 640# FOR 30 MINUTES, HELD OK.
5. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS REMAINS: INJ)

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 12/18/95

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 DEC 29 1995

CONDITIONS OF APPROVAL, IF ANY:

