## State of New Mexico

Submit 3 copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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District Office	
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-025-28116
DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210	STATE FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	B-1446
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.)	7. Lease Name or Unit Agreement Name WEST VACUUM UNIT
1. Type of Well: OIL GAS OTHER INJECTION	
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 55
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 A: 170 Feet From The NORTH Line and 110	_ Feet From The _ EASTLine
Section 3 Township 18S Range 34E NM	PM <u>LEA</u> 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:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
Tell of the new tells o	RATION PLUG AND ABANDONMENT
CASING TEST AND COMEN	= =
OTHER: CASING CASING TEST AND CEMEN	П
<ol> <li>8/29//94 - 9/1/94</li> <li>MIRU, INSTALLED BOP, RELEASED PKR &amp; TOH W/ INJ EQUIP. C/O TO 4728' (PBTD) &amp; CIRCD H</li> <li>TIH W/ TP, PKR, &amp; WS TO 4671', SPTD 400 GALS 20% NEFE. SET TREATING PKR @ 4167', TST ACIDIZED PERFS 4522'-4660' W/ 6000 GALS 20% NEFE. SI 1 HR. SWABBED BACK LOAD. TOH W/ TREATING PKR &amp; WS.</li> <li>TIH W/ AD-1 INJECTION PKR ON 2 3/8" RICE DUOLINE INJECTION TUBING, TESTING TUBING II</li> </ol>	<sup>-</sup> D ANNULUS W/ 500 PSI.
4. CIRCD HOLE W/ PKR FLUID, SET PKR @ 4417, TSTD CSG TO 520# FOR 30 MIN, HELD OK.	
5. RETURNED WELL TO INJECTION.	
(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)	
OPT 9-30-94 INJECTING 800 BWPD @ 1350 PSI	
t hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Engr Asst  TYPE OR PRINT NAME Monte C. Duncan	DATE <u>12/7/94</u> Telephone No. 397-0418
(This space for State Use)	177 A O 4050

