## State of New Mexico

Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate

E. , y, Minerals and Natural Resources Department

District Office						
DISTRICT I		OIL CONS	SERV	ATIO	ON DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088					30-025-30717	
DISTRICT II Santa Fe New Maxico 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., Azter			2070.0	N N. A. //-!	1	B - 1080
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 VACUUM GRAYBURG SAN ANDRES UNIT
Type of Well: OIL WELL	GAS WELI	L OTHER				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						8. Well No. 157
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location		Ţ,	·			
Unit Letter <u>C: 710</u> Feet From The <u>NORTH</u> Line and <u>2530</u> Feet From The <u>WEST</u> Line						
Section 1 Township 18S Range 34E NMPM LEA COUNTY						
		10. Elevation (Sho	w wheth	er DF, RK	B, RT,GR, etc.) GR-3993'	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF I	NTENTIC	N TO			SI	JBSEQUENT REPORT OE:
		PLUG AND ABANDO	ON.		REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK			J.14	_		
TEMPORARILY ABANDON		CHANGE PLANS			COMMENCE DRILLING OPE	
PULL OR ALTER CASING				_	CASING TEST AND CEME	MI JOR []
OTHER:				⊔	OTHER:	
<ol> <li>MIRU. TOH w/ sub pump &amp; 2 7/8" tbg. TIH w/ 6-1/8" bit &amp; 3 3/4" Bulldog Bailer. Tagged fill @ 4585', cleaned out to 4595'. TOH w/ bit, bailer, &amp; tbg.</li> <li>Circulated out fill to 4600'. TIH w/ 7" treating packer &amp; set @ 4091'. Acidized perfs 4178'-4568' w/ 1000 gals 15% NEFE HCL, Max P = 764#, AIR = 3.8 BPM. Swabbed back load.</li> <li>Scale squeezed with two drums TH-756 scale inhibitor mixed in 20 bbls fresh water &amp; flushed w/ 100 bbls fresh water.</li> <li>TOH w/ packer &amp; tubing. TIH w/ production equipment &amp; returned well to production.</li> <li>OPT 5/9/97 PUMPING BY SUB PUMP: 35 BOPD, 1287 BWPD, 63 MCFD (INTERNAL TEPI STATUS REMAINS PM)</li> </ol>						
I hereby certify that the information above SIGNATURE  TYPE OR PRINT NAME  (This space for State Use)	Mc AL CHANED	onte C. Duncan	_TITLE_	Engr	Asst	DATE <u>7/7/97</u> Telephone No. 397-0418
		SUPERVISOR	TITLE_	<del></del>		DATE
CONDITIONS OF APPROVAL	, IF ANY:					D. C