

**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- 30718

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

857948

7. Lease Name or Unit Agreement Name

VACUUM GRAYBURG SAN ANDRES UNIT

8. Well No.

158

9. Pool Name or Wildcat

VACUUM GRAYBURG SAN ANDRES

**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

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

P.O. BOX 730, HOBBS, NM 88240

4. Well Location

Unit Letter B : 660 Feet From The NORTH Line and 1330 Feet From The EAST Line

Section 1 Township 18S Range 34E NMPM LEA COUNTY

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

GR-3987', KB-3798'

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: ☐

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.

11/13/93 - 11/16/93

1. MIRU, TOH W/ PROD EQUIP, C/O TO 4980' (PBTD), SPTD 1000 GALS AMMONIUM BICARBONATE ACROSS PERFS FR 4224'-4796', SION.

2. SPTD 1000 GALS 15% NEFE HCL ACROSS PERFS, SI 30 MIN, REVERSED OUT SPOT.

3. SET PKR @ 3435', ACIDIZED PERFS FR 4224'-4796' W/ 7000 GALS 15% NEFE. SWABBED BACK LOAD.

4. SCALE SQZD W/ 5 DRUMS TH-793 IN 60 BFW, OVERFLUSHED W/ 500 BFW.

5. RETURNED WELL TO PRODUCTION.

OPT 11-22-93 35 BOPD, 1089 BWPD, 23 MCFD

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 2/16/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR

TITLE

DATE

**FEB 21 1994**

CONDITIONS OF APPROVAL, IF ANY: