## Submit 3 copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

inerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	and Hatara Resources Department	Revised 1-1-89
OIL CONSERVATION DIVISION		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-30797
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  1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil / Gas Lease No. 857948
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 UT
1. Type of Well: OIL GAS OTHER		
2. Name of Operator		8. Well No.
TEXACO EXPLORATION & PRODUCTION INC.		141
3. Address of Operator 205 E. Bender, HOBBS, NM 88240		9. Pool Name or Wildcat  VACUUM GRAYBURG SAN ANDRES
4. Well Location		
Unit Letter <u>E : 1980</u> Feet	From The NORTH Line and 1309	Feet From The WEST Line
Section 1 Township 18S	Range <u>34E</u> Ni	MPM <u>LEA</u> COUNTY
10. Elevation (SI	now whether DF, RKB, RT,GR, etc.) 4000' GR	
11. Check Appropriate Box	to Indicate Nature of Notice, Repo	rt, or Other Data
		UBSEQUENT REPORT OF:
PENEDIAL WORK		ALTERING CASING
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON CASING TEST AND CEMENT IOR		
PULL OR ALTER CASING		
<ol> <li>MIRU. TOH W/ RODS &amp; PUMP. INSTALLED BOP. T</li> <li>TIH W/ 7" TREATING PKR ON 2 7/8" WS &amp; SET PKR W/ 6,000 GALS 20% NEFE HCL. MAX P = 1730#, AIR</li> <li>SCALE SQZD W/ 2 DRUMS TH-793 IN 24 BFW, OVEI</li> <li>RELEASED &amp; TOH W/ PKR. TIH W/ PRODUCTION BOPT 8-5-96 PUMPING BY ROD PUMP: 34 BOPD, 486 BW</li> <li>(INTERNAL TEPI STATUS REMAINS PM)</li> </ol>	② 4173'. LOADED CSG & TESTED TO 500 = 4.0 BPM. FLUSHED W/ FW. SI 1 HR, SV RFLUSHED W/ 250 BFW. SION. QUIPMENT. RETURNED WELL TO PROD	WABBED BACK LOAD.
I hereby certify that the information above is true and complete to the best of my known SIGNATURE  TYPE OR PRINT NAME  Monte C. Duncature (This space for State Use)	TITLE Engr Asst	DATE <u>9/23/96</u> Telephone No. 397-0418
APPROVED BY CHARGO I SUPERVISOR	TITLE	DATE