Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

WELL API NO.		
30-025-30797		
5. Indicate Type of Leas		~~~
	STATE	FEE 🔛
6. State Oil & Gas Lease	No.	

DISTRICT II	P.O. Box 2088		WELL API NO. 30-025-30797
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			STATE X FEE
			6. State Oil & Gas Lease No. 857948
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOS	S AND REPORTS ON WE	LLS	
DIFFERENT RESERVO	R. USE "APPLICATION FOR PE	RMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:	FOR SUCH PROPOSALS.)		VACUUM GRAYBURG SAN ANDRES UNIT
OIL X GAS WELL	OTHER		
Name of Operator TEXACO PRODUCING INC.			8. Well No. 141
3. Address of Operator P. O. Box 3109 Midland	i, Texas 79702		9. Pool name or Wildcat
4. Well Location	, lexas /9/02	···	VACUUM GRAYBURG SAN ANDRES
Unit Letter E : 1309	Feet From The WEST	Line and	1980 Feet From The NORTH Line
Section 1	Township 18-SOUTH Ra	unge 34-EAST	NMPM LEA County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check App	GR-4000', KB-4013' ropriate Box to Indicate I		
NOTICE OF INTEN	TION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1	
TEMPORARILY ABANDON	CHANGE PLANS	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING		COMMENCE DRILLING	
		CASING TEST AND CEI	MENT JOB L
OTHER:		OTHER: COMPLETING	G
 Describe Proposed or Completed Operations (work) SEE RULE 1103. 	Clearly state all pertinent details, an	d give pertinent dates, includi	ing estimated date of starting any proposed
1. PENWOOD SET CIBP @ 5540'. DO 2. PENWOOD PERFORATED W/ 2 JS 3. WESTERN ACIDIZED WITH 4500 G 4. HALLIBURTON FRACED W/ 3500 G SAND. 5-6-90. 5. FLOWED 4 HOURS REC 104 BLW 6. RAN TUBING, PUMP AND RODS. 7. TESTING.	SPF: 5375-86, 5396-543 GAL 28% NEFE. 5-2-90. \$) GAL GELLED CROSS LINK	2 94 HOLES.	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SKINATURE	DATE 05-10	90
TYPEORPRINTNAME C. P. BASHAM	TELEPHONE NO.	915-688462

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

DISTRICT I SUPERVISOR

MAY 1 5 1990

APPROVED BY -