

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.	30-025-02106
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1606
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	12
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4031-DF

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 D 660 Feet From The NORTH Line and 660 Feet From The SOUTH Line
Section 25 Township 17S Range 34E NMPM LEA COUNTY

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: ☒ ADD PAY AND ACIDIZE

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.

1. MIRU. Install BOP. Pressure test casing to 300 psi for 30 min.
2. RU wireline. Run GR-Collar log. Perforate the following interval @ 2 SPF:
6012' to 6078' every foot, 134 holes.
3. Spot 150 gals 20% NEFE HCl acid from 6078' to 6012'. Set pkr @ 5857'. Sqz acid into formation. SI 1 hr.
Swab back if possible. Load backside w/ fresh water.
4. Acidize perms from 6012' to 6078' w/ 6500 gals 20% NEFE HCl, Max P = 3000#, AIR = 4 BPM. Displace w/ fw. SI 1 hr. Swab back.
5. Return well to production.

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

CONDITIONS OF APPROVAL, IF ANY: _____

DATE FEB 21 1994