

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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 02181
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1722
7. Lease Name or Unit Agreement Name WEST VACUUM UNIT
8. Well No. 8
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4073 DF

SUNDRY NOTICES AND REPORTS ON WELLS
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.
3. Address of Operator P.O. BOX 730 HOBBS, NM 88240	4. Well Location Unit Letter B : 990 Feet From The N Line and 2310 Feet From The E Line Section 33 Township 17S Range 34E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4073 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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) NOTIFY O.C.D.
- 2) T.O.H. WITH ALL PRODUCTION EQUIPMENT.
- 3) BY WIRELINE SET CIBP ABOVE OPEN HOLE AT APPROX 4145'
- 4) BY WIRELINE CAP WITH 35' CMT.
- 5) CIRCULATE HOLE WITH INHIBITED FLUID
- 6) TEST CSG AND PLUG.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE William T. Lackey TITLE PRODUCTION ENGR DATE 12-28-93
TYPE OR PRINT NAME WILLIAM T. LACKEY TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 29 1993

CONDITIONS OF APPROVAL, IF ANY: