

District I - (505) 393-6161  
1625 N. French Dr  
Hobbs, NM 88241-1980  
District II - (505) 748-1283  
811 S. First  
Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Road  
Aztec, NM 87410  
District IV - (505) 827-7131

New Mexico  
Energy Minerals and Natural Resources Department  
Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Form C-140  
Revised 06/99

SUBMIT ORIGINAL  
PLUS 2 COPIES  
TO APPROPRIATE  
DISTRICT OFFICE

APPLICATION FOR  
WELL WORKOVER PROJECT

I. Operator and Well

Operator name & address TEXACO EXPLORATION & PRODUCTION INC. PO BOX 3109 MIDLAND, TEXAS 79702							OGRID Number 022351	
Contact Party BOBBY MCCURRY							Phone 505-396-4414 EXT-103	
Property Name WEST VACUUM UNIT					Well Number 28		API Number 3002502202	
UL J	Section 34	Township 17S	Range 34E	Feet From The 1980	North/South Line SOUTH	Feet From The 1980	East/West Line EAST	County LEA

II. Workover

Date Workover Commenced: 10/13/99	Previous Producing Pool(s) (Prior to Workover):  VACUUM GRAYBURG SAN ANDRES
Date Workover Completed: 11/03/99	

III. Attach a description of the Workover Procedures performed to increase production.

IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

State of New Mexico )  
County of Lea ) ss.  
Denise Wann, being first duly sworn, upon oath states:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Denise Wann Title Acting Senior Engineer Date 12-6-00  
SUBSCRIBED AND SWORN TO before me this 6th day of December, 2000.

My Commission expires: 2-29-04

John Ayers  
Notary Public

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on \_\_\_\_\_.

Signature District Supervisor	OCD District	Date
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VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: \_\_\_\_\_

**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.	3002502202
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	858150
7. Lease Name or Unit Agreement Name	WEST VACUUM UNIT
8. Well No.	28
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>J</u> 1980 Feet From The <u>SOUTH</u> Line and 1980 Feet From The <u>EAST</u> Line Section <u>34</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: ☐ C/O, STIMULATE ☐

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.

10-13-99: MIRU. NDWH. NUBOP. UNLOAD, RACK, TALLY WS. TIH W/BIT, & BAILER. PU WS. TAG @ 4585'. PULL BIT TO 3695'.  
 10-14-99: LOWER BIT. TAG @ 4585'. C/O 6' FILL. TIH W/BIT, DC'S & TBG. TAG FILL @ 4591'. PULL BIT TO 3918'.  
 10-15-99: TIH W/BIT TO 4591'. DUG OUT CELLAR. TIH W/RBP & PKR ON TBG. SET RBP @ 3991'. PULL PKR TO 3960'. TEST RBP TO 500#-OK. REL PKR. CIRC W/100 BFW.  
 10-16-99: RU REV UNIT. CIRC W/160 BFW. PULL PKR TO 2500'. TEST CSG 2500-3991'. TEST 500#-OK. TIH W/PKR. TIH W/WS. SPOT 2 SX SAND ON RBP.  
 10-18-99: BACKHOE DIGOUT CELLAR TO 6'. SIDES CAVING IN ON CELLAR. RD PU. DIG OUT CELLAR TO 8'. LEAK IN 7" ABOVE 9 5/8" HEAD.  
 10-19-99: BUILD 8'X8'X8' CELLAR. INSTL MATTING BOARDS. RU PU. ND WH. PU SPEAR W/GRAPPLE. SPEAR CSG & PU OFF SLIPS W/130,000#. REM 7" SLIPS. SET 7" CSG ON BTM. REM SPEAR. NDWH.  
 10-20-99: INSTL CSG NIPPLE & NEW HEAD. INSTL CSG NIPPLE & NEW HEAD. SPEAR 7" CSG & SET SLIPS IN HEAD W/25,000# TENSION. NUBOP. TEST WH TO 500#-OK. BACKFILL CELLAR W/SAND. TIH W/RET TOOL. PU WS TO 3886'.  
 10-21-99: LATCH & REL RBP. TIH W/BIT, DC'S ON TBG. TAG FILL @ 4591'. C/O 75' FILL-FORM & FRAC SAND TO 4666'.  
 10-22-99: TIH W/PKR, SN & TBG. SET PKR @ 3991'. ACIDIZE O.H. 4095-4666' W/6000 GALS 15% NEFE HCL ACID. RU SWAB. FL @ 300'. END FL @ 500'.  
 10-23-99: FL @ 300'. END FL @ 1350'. SCALE SQZ O.H. W/110 GALS TH756 & 20 BFW. FLSH W/200 BBLs.  
 10-25-99: REL PKR. TIH W/BIT. TAG FILL @ 4605'. RU REV EQPT. C/O FILL TO 4679'.  
 10-26-99: TIH W/OPMA, SN, TBG & TAC. MA @ 4590'. SN @ 4560'. TAC @ 4052'. NDBOP. SET TAC. NUWH. TIH W/GAS ANCHOR, PMP, K-BARS & RS.  
 10-27-99: LOAD/TEST. CK PUMP ACTION-OK. HANG WELL ON STUFF BOX. RIG DOWN.  
 11-03-99: ON 24 HR OPT. PUMPED 27 BO, 369 BW, & 0 MCF.  
 FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 11/04/1999

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY ONLY WINE TITLE FIELD REP. J DATE 11/04/1999

CONDITIONS OF APPROVAL, IF ANY:

