Submit 3 copies to Appropriate District Office

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office			Revised 1-1-89
DISTRICT I	OIL CONS	ERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-02229
Santa Fe, New Maxico 87504 2088			
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE FEE
DISTRICT III	NIM 97410		6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, N		ADTO ONLY/FLI	B-1306
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERE	NT RESERVOIR. USE "APPL		CENTRAL VACUUM UNIT
1. Type of Well: OIL	(FORM C-101) FOR SUCH F	ROPOSALS.)	OERTHAL VACOUM DIVIT
1. Type of Well: WELL	WELL OTHER		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 79
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location		0011711	
Unit Letterk		om The <u>SOUTH</u> Line and <u>1840</u>	Feet From The WEST Line
Section 36	Township 17S	Range 34E NN	MPM <u>LEA</u> COUNTY
		w whether DF, RKB, RT,GR, etc.) 3999' GL	
	• • •	o Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF IN	TENTION TO:	SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	NT JOB
OTHER:		OTHER:	П
7/1/96 - 7/6/96			
1. MIRU. INSTALLED BOP,	TOH W/ SUBPUMP. TIH W/ E	IIT & BAILER, CLEANED OUT FILL FROM	4703.
	ROM 4252'-4710' W/ 9,000 GAL	@ 4210'. LOADED CSG, PICKLED TBG .S 15% NEFE HCL. MAX P = 1440#, AIR =	W/ 15% NEFE & REVERSED OUT TO PIT. 4.3 BPM. FLUSHED W/ FW. SI 1 HR,
3. SCALE SQZD W/ 4 DRUM	1S TH-793 IN 48 BFW, OVERF	LUSHED W/ 500 BFW. SION.	
4. RELEASED & TOH W/ PK	(R. TIH W/ SUBMERSIBLE PL	IMP. RETURNED WELL TO PRODUCTIO	N.
OPT 7-19-96 PUMPING BY S	UBPUMP: 66 BOPD, 1547 BW	PD, 27 MCFD	
(INTERNAL TEPI STATUS RE	EMAINS PM)		
(<u>-</u>	,		
I hereby certify that the information above is	s true and complete to the best of my knowled		
SIGNATURE That	CHMY	TITLE Engr Asst	DATE 9/19/96
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No. 397-0418
(This space for State Use)			
(This space for State Use)			SEP 26 1996

