Form C-103 Revised 1-1-89

State of New Mexico Submit 3 copies to Appropriate District Office E Jy, Minerals and Natural Resources Department

DISTRICT	OII	L CONSERVA	TION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 8 DISTRICT II	88240	P.O. Box		30 025 0223	0
P.O. Box Drawer DD, Artesia	. NM 88210	Santa Fe, New Me	exico 87504-2088	5. Indicate Type of Lease	re 1571 - EEE 1771
DISTRICT III	,			6. State Oil / Gas Lease No.	TE 🛛 FEE 🗌
1000 Rio Brazos Rd., Aztec,	NM 87410				565
(DO NOT USE THIS FOR	JNDRY NOTICES RM FOR PROPOSAL RENT RESERVOIR. (FORM C-101) I	7. Lease Name or Unit Agreeme	ent Name		
Type of Well: OIL WELL	Ø GAS WELL □	OTHER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No. 51	
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240				9. Pool Name or Wildcat VACUUM GRAYBURG	SAN ANDRES
4. Well Location Unit Letter	A : 660	Feet From The!	NORTH Line and 660	_ Feet From The <u>EAST</u>	Line
Section 36	Town		Range <u>34E</u> NM	IPMLEA	_ COUNTY
	10. E	levation (Show whether DF,	RKB, RT,GR, etc.) 3991' GR		
11.	Check Appropi	iate Box to Indicate	Nature of Notice, Report	, or Other Data	
NOTICE OF I	INTENTION TO) :	SU	IBSEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	K PLUG	AND ABANDON	REMEDIAL WORK	ALTERING CAS	SING
TEMPORARILY ABANDON	RATION PLUG AND ABA	NDONMENT			
PULL OR ALTER CASING			CASING TEST AND CEMEN	T JOB	
OTHER:			OTHER:		<u>U</u>
 Describe Proposed or Co work) SEE RULE 1103. 	ompleted Operations (Clearly state all pertinent	details, and give pertinent dates,	including estimated date of star	rting any proposed
12/15/93 - 12/20/93					
1. MIRU, TOH W/ PROD E	QUIP, C/O TO 4760	' (TD), SPTD 950 GALS	AMMONIUM BICARBONATE A	CROSS OPEN HOLE, SDON.	
2. REVERSED OUT AMMO	ONIUM BICARBONA	TE. SPTD 950 GALS 15	6% NEFE ACROSS OH, SI 30 M	IN, REVERSED OUT SPOT.	
3. SET PKR @ 3998', ACIE	DIZED W/ 8000 GALS	15% NEFE. MAX P = 2	2670#, AIR = 4 BPM. SWABBE	D BACK LOAD.	
4. SCALE SQZD W/ 5 DRU	JMS TH-793 IN 60 BI	W, OVERFLUSHED W	/ 500 BFW.		
5. RETURNED WELL TO F	PRODUCTION.				
OPT 1-4-94 30 BOPD, 4	89 BWPD, 72 MCFD				
I hereby certify that the Information above	is true and complete to the best of	of my knowledge and belief.			
SIGNATURE 7/2-th	C)mar	TITLE E	ngr Asst	DATE	2/2/94
TYPE OR PRINT NAME	Monte C	. Duncan		Telephone No.	397-0418
	AL CIGNED BY IS	PRY SEXFON			

DATE !