Submit 3 copies

State of New Mexico Minerals and Natural Resources Department

Form C-103

to Appropriate District Office	Er ,y, Millerais and Ha	tural Resources Department	Revised 1	i -1-8 9
DISTRICT I	OIL CONSERV	ATION DIVISION	WELL API NO.	
O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-02233		
Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	:c	
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III				E [_]
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. B-1565	
SUNDRY NO	TICES AND REPORTS O	N WELL		
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO D RVOIR. USE "APPLICATION	FOR PERMIT"	7. Lease Name or Unit Agreement Name	
(FORM (C-101) FOR SUCH PROPOSA	ALS.)	CENTRAL VACUUM UNIT	
1. Type of Well: OIL SAS WELL WELL				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 53	··-
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 C:	660 Feet From The	NORTH Line and 1980	Feet From The WEST Line	
Section 36	Township 17S	Range 34E NA	MPM <u>LEA</u> COUNTY	
	10. Elevation (Show whether D			
11. Check A	ppropriate Box to Indica	ate Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTENTION	ON TO:	SI	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	ERATION PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB	
OTHER:		OTHER:		🛚
12. Describe Proposed or Completed Opework) SEE RULE 1103.12/9/93 - 12/15/93	rations (Clearly state all pertine	ent details, and give pertinent dates	, including estimated date of starting any propo	sed
1. MIRU, TOH W/ PROD EQUIP, C/O	TO 4723' (TD), SPTD 950 GA	LS AMMONIUM BICARBONATE	ACROSS OPEN HOLE, SDON.	
2. REVERSED OUT AMMONIUM BICA				
REVERSED OUT AMMONIUM BICA SET PKR @ 4050', ACIDIZED W/ 70				
Commence of the Commence of th			ED BRONZER, D.	
4. SCALE SQZD W/ 5 DRUMS TH-793		W/ 300 BFW.		
5. RETURNED WELL TO PRODUCTION	DN.			
OPT 12-31-93 43 BOPD, 1344 BWP), 63 MCFD			
I hereby certify that the information above is true and complet SIGNATURE	e to the best of my knowledge and belief. TITLE	Engr Asst	DATE 2/2/94	
	Monte C. Duncan		Telephone No. 397-0418	į.
TYPE OF PRINT NAME N				

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

TITLE APPROVED BY_ CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

_DATE___