Submit ? copies

State of New Mexico

Form C-103

to Appropriate District Office	rgy, Minerals and Na	itural Resources Department	Revised 1	1-1-89
DISTRICT I	OIL CONSERV	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 882	240 P.O. B	ox 2088	30 025 99023	
DISTRICT II P.O. Box Drawer DD, Artesia, NN	M 88210 Santa Fe, New I	Mexico 87504-2088	5. Indicate Type of Lease	EE 🗀
DISTRICT III			STATE FI	<u> L</u>
1000 Rio Brazos Rd., Aztec, NM			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 Land Mark Assessment Name	
DIFFERENT	RESERVOIR. USE "APPLICATION	FOR PERMIT"	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	
1. Type of Well: OIL WELL	FORM C-101) FOR SUCH PROPOSA GAS WELL OTHER	ALS.)	- OLATIVAL PAGGGIN GIAIT	
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 67	
3. Address of Operator P.O.	BOX 730, HOBBS, NM 88240		9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location				
Unit LetterG	: 1980 Feet From The	EAST Line and 1980	Feet From The NORTH Line	
Section 36	Township 17S	Range 34E NM	MPMLEA_ COUNTY	
	10. Elevation (Show whether	or DF, RKB, RT,GR, etc.) 4007 GR		
11. Ch	eck Appropriate Box to Indica	ate Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTE	ENTION TO:	SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMEN	NT JOB [
OTHER:		OTHER:		_ 🗆
any proposed work) SEE RUI 2/9/94 - 2/13/94			nt dates, including estimated date of starti	irg
2. REVERSED OUT AMMONIUM	M BICARBONATE. SPTD 800 GALS	15% NEFE ACROSS OH.		
3. SET PKR @ 4008', ACIDIZED) W/ 9000 GALS 15% NEFE. MAX P	= 2236#, AIR = 4 BPM. SWABBE	D BACK LOAD.	
4. SCALE SQZD W/ 5 DRUMS T	H-793 IN 60 BFW, OVERFLUSHED	W/ 500 BFW.		
5. RETURNED WELL TO PROD	UCTION ON SUB PUMP.			
OPT 2-24-94 PUMPING 69 BC)PD 1020 BWPD 45 MCFD			
hereby certify that the information above is true	an å complete to the best of my knowledge and belief.			
SIGNATURE That Co	Sime TITLE	Engr Asst	DATE4/13/94	
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No. 397-0418	
(This space for State Use)	C	RIGINAL DOMESTIC	7€X § C)#	
APPROVED BY	TITLE	MATTER A MARCA HOS-	DATE APR 18 19	94