Sugmit 3 copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

to Appropriate District Office	Energy,erals and Natural Resources Department				Form C-103		
DISTRICT! P.O. Boy 1980, Hopke, NM, 98340 OIL CONSERVATION DIVISION					Ne/	vised 1-1-89	
1.0. Box 1900, Hobbs, NW 80240				WELL API NO.			
Control II					-025-02239		
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Type of Le	ase State 🔯	FEE 🥅	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / Gas Leas		<u> </u>	
				or class on y ous assault	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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)				7. Lease Name or Un CENTRAL VACUUI			
1. Type of Well: OIL GAS WELL OTHER							
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.			
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240				9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES			
4. Well Location				VACCOUNT GRO	ATBORG SAN AND	169	
Unit Letter	F : 1980 Feet From	The <u>NOR</u>	TH Line and 1980	_Feet From The _ W	<u>EST</u> Line		
Section <u>36</u>	Township 17S	F	Range <u>34E</u> NM	PM	LEA COUNT	ΓY	
11.	10. Elevation (Show whe		4003 GR				
(1)	Check Appropriate Box to In	dicate Na	ture of Notice, Report	, or Other Data			
NOTICE OF IN	TENTION TO:		l su	BSEQUENT R	FPORT OF		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		RING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE		AND ABANDONMEN	4T	
PULL OR ALTER CASING		_	CASING TEST AND CEMENT			Ц	
OTHER:			OTHER:				
2. PICKLED TBG. SPOTTED ② 3829', LOADED & TEST AIR = 4 BPM. SWABBED B 3. SCALE SQZD W/ 1 DRUM & OVERFLUSHED W/ 250 4. TOH W/ PKR. TIH W/ SUB	TH-793 IN 24 BFW, OVERFLUSHE BFW. 3 PUMP. RETURNED WELL TO PF SUB PUMP: 84 BOPD, 1720 BWPD	S OPEN HOL S OPEN HO ZED PERFS ED W/ 250 B	LE FROM 4310'-4725'. SION LE FROM 4310'-4725'. SI 1 FROM 4310'-4725' W/ 8,00 FW. THEN PUMPED 1000	N. HR & SWABBED BA O GALS 15% NEFE I	ACK. SET PKR HCL. MAX P = 28		
I hereby certify that the information above is true SIGNATURE TYPE OR PRINT NAME (This space for State Use)	e and complete to the best of my knowledge and besef. TITL Monte C. Duncan		Asst		ATE <u>7/13/95</u> one No. 397-04		
APPROVED BY	TITLE	, .		s.=	JUL 1	1995	
· · · · · · · · · · · · · · · · · · ·		-		DAT	-		

_DATE___

DeSoto/Nichols 10-94 ver 2.0