

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-02244
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-155
7. Lease Name or Unit Agreement Name	Central Vacuum Unit
8. Well No.	90
9. Pool name or Wildcat	Vacuum Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3991' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240	4. Well Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 36 Township 17-S Range 34-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3991' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/23/92

1. SI well. Tested tbg to 500#, OK.

2. Scale sqzd w/5 drums TH-793 in 60 bbls FW down annulus, overflushed w/ 800 BFW. Max P = 1540#, AIR = 1.5 BPM.

3. Returned well to production.

OPT 6-25-92 138 BOPD, 1016 BWPD, 51 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 7-15-92

TYPE OR PRINT NAME M.C. Duncan

TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 20 1992

CONDITIONS OF APPROVAL, IF ANY: