

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.<br>30-025-99015                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-155                                                               |
| 7. Lease Name or Unit Agreement Name<br>Central Vacuum Unit                                         |
| 8. Well No.<br>90                                                                                   |
| 9. Pool name or Wildcat<br>Vacuum Grayburg San Andres                                               |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>Texaco Producing Inc.                                                                                                           |
| 3. Address of Operator<br>P.O. Box 730, Hobbs, NM 88240                                                                           | 4. Well Location<br>Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line<br>Section 36 Township 17S Range 34E NMPM Lea County |

|                                                                |
|----------------------------------------------------------------|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3991' GR |
|----------------------------------------------------------------|

11.

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

NOTICE OF INTENTION TO:

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>           |

SUBSEQUENT REPORT OF:

|                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input checked="" type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>      |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: <input type="checkbox"/>               |

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.

01/15/91 - 02/11/91

- 1) MIRU PU. Wkd stk pmp.
- 2) Spt 100 gal Ammonium Bicarbonate acr OH 4093-4700'.
- 3) Spt acid acr OH. Wkd stk pmp.
- 4) Free pt & cut tbg. TOH w/tbg.
- 5) Jar & fish. TIH w/bit to 3500'. C/O to 4649'. TOH w/bit.
- 6) TIH w/pkr & TP to 4649'. Spt 750 gal 15% NEFE w/55 gal mutual solvent. Set pkr. TP @ 4093'. A/OH w/10,000 gal 15% NEFE, 2500# RS & 100 gals ASP530. Max P-1800#. Min P-1500#. AIR 4.2 BPM. ISIP-1200#. 15 min-500#.
- 7) Scl sqz w/4 drums TH786 & flsh w/650 Bbl 2% KCl. TOH w/WS.
- 8) TIH w/sub pmp. Ret to prod.

Prior - 117 BOPD, 413 BWPD. After - 175 BOPD, 1422 BWPD.

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 03/28/91

TYPE OR PRINT NAME R. B. DeSoto

TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY DAVID L. STON TITLE ADVISOR DATE APR 4 1991

CONDITIONS OF APPROVAL, IF ANY: