

# OIL CONSERVATION DIVISION

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

## DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 025 02941

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-1565

7. Lease Name or Unit Agreement Name

CENTRAL VACUUM UNIT

8. Well No.

34

9. Pool Name or Wildcat

VACUUM GRAYBURG SAN ANDRES

**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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 30 Township 17S Range 35E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3996' 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 OPERATION ☐ 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.

11/30/93 - 12/4/93

1. MIRU, TOH W/ PROD EQUIP. SPTD 200 GALS AMMONIUM BICARBONATE FR 4456'-4662', SDON.

2. REVERSED OUT AMMONIUM BICARBONATE. SPTD 200 GALS 15% NEFE ACROSS PERFS, SI 30 MIN, REVERSED OUT SPOT.

3. SET PKR @ 4350', ACIDIZED FR 4456'-4662' W/ 6000 GALS 15% NEFE. MAX P = 1120#, AIR = 4 BPM. SWABBED BACK LOAD.

4. SCALE SQZD W/ 5 DRUMS TH-793 IN 60 BFW, OVERFLUSHED W/ 500 BFW.

5. RETURNED WELL TO PRODUCTION.

OPT 12-18-93 50 BOPD, 893 BWPD, 8 MCFD

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

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 2/2/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE FE 894

CONDITIONS OF APPROVAL, IF ANY: