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State of New Mexico

Form C-103

1993 1.0 1993

to Appropriate District Office Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-02955 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. B-1501 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" **CENTRAL VACUUM UNIT** (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X WELL | OTHER 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 65 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 VACUUM GRAYBURG SAN ANDRES Well Location 1987 Feet From The NORTH Unit Letter 620 Feet From The ___ Line and ____ WEST Line County Section Township 17-S Range 35-E **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3985' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: X PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. MIRU, TOH W/ PROD EQUIP. TAG TD & C/O W/ BAILER IF NECESSARY. 2. PERF W/ 2 JSPF FR 4429'-4731', (33 INT, 66 HLES). SPT 205 GALS AMMONIUM BICARBONATE FR 4429'-4742', SET PKR @ 4042', SQZ 205 GALS AMMONIUM BICARBONATE INTO PERFS, SION. 3. SPT 205 GALS 20% HCL NEFE FR 4429'-4742', SET PKR @ 4042', SQZ 205 GALS 20% HCL NEFE INTO FORMATION. SI 1 HR, SWAB BACK LOAD. 4. A/ PERFS FR 4429'-4731' W/ 8000 GALS 15% HCL NEFE @ 2-3 BPM. 5. SCALE SQZ W/ 5 DRUMS TH-793 IN 60 BFW, OVERFLUSHED W/ 860 BFW. 6. RETURN WELL TO PRODUCTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. __ TITLE _ENGINEER'S ASSISTANT DATE 3-9-93 TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191 (This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

BISTINGT I SUPERVISOR