

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

DATE OF NOTICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. B-1861

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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐
Name of Operator TEXACO, Inc.
Address of Operator P.O. Box 728, Hobbs, New Mexico 88240
Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.

7. Unit Agreement Name Central Vacuum Unit
8. Farm or Lease Name Central Vacuum Unit
9. Well No. 86
10. Field and Pool, or Whidcon Vacuum Grayburg San Andres

15. Elevation (Show whether DF, RT, GR, etc., 3968' (GR)	12. County Lea
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PERMANENTLY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER <u>Under ream and acidized.</u> ☒	

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.

- Rig up, pull rods, and pump. Installed BOP. POH w/tbg.
- Perfed 4 1/2" liner w/2 JSPI at 4356, 58,78,84,90,93,94, 4400, 04,05,08,14,17,18,19, 38,45,48,51,62,64,69,77,80,85,89,92,95,99, 4506, 13,56,60,64,66,68,70,76, 4629, 33,38,43,50,55,60,62,84,87, and 91' (49 intervals, '98 shots).
- GIH w/RBP and pkr. Spot w/600# Ammon Bicarb mixed 1# 1 gal. FW. PSA 4530'.
- Acidized 4556-4691' w/6000 gal. felled 15% NEFE, 1200# RS and 1 DR SC Inhib.
- POH w/RBP and pkr.
- Reset BP 4530' and pkr. 4280'.
- Acidized 4356-4513' w/6000 gal. gelled 15% NEFE, 900# RS and 1 DR SC Inhib.
- POH w/pkr. and BP.
- Installed production equipment. Test and return to production.

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

<u>W. B. L...</u>	TITLE <u>District Operations Manager</u>	DATE <u>6/26/85</u>
ORIGINAL SIGNED BY JERRY SEXTON		
DISTRICT SUPERVISOR		
CO BY _____	TITLE _____	DATE _____
JUL - 2 1985		

RECEIVED 1983

JUL - 1 1983

NO. 1000

CIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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State ☒ Fee ☐
5. State Oil & Gas Lease No.
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Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM East 31 LINE, SECTION 17-S RANGE 35-E NMPM.	10. Field and Pool or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3968' (GR)	12. County Lea

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NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER Under-Ream and Acidize ☒	CASING TEST AND CEMENT JOB ☐	OTHER ☐

7. 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.

- RIG UP. PULL RODS AND PUMP. INSTALL BOP. PULL TUBING.
- PERFORATE 4 1/2" CSG W/2-JSPF @ 4356, 58, 78, 84, 90, 93, 94, 4400, 04, 05, 08, 14, 17, 18, 19, 38, 45, 48, 51, 62, 64, 69, 77, 80, 85, 89, 92, 95, 99, 4506, 13, 56, 60, 64, 66, 68, 70, 76, 4629, 33, 38, 43, 50, 55, 60, 62, 84, 87, & 4691'.
- SET RBP @ 4540' & PKR @ 4310'. ACIDIZE PERFS 4356-4513' W/ 6000 GALS GELLED 15% NEFE ACID IN 3-EQUAL STAGES USING 600# ROCK SALT BETWEEN STAGES. FLUSH W/30 BBLS WATER.
- RESET RBP @ 4720' & PKR @ 4540'. ACIDIZE PERFS 4556-4691' W/6000 GALS GELLED 15% NEFE ACID IN 3-EQUAL STAGES USING 600# ROCK SALT BETWEEN STAGES. FLUSH W/30 BBLS WATER.
- INSTALL PRODUCTION EQUIPMENT. TEST AND RETURN TO PRODUCTION.

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

SIGNED <u>R. Frank Gray</u>	TITLE <u>District Operations Manager</u>	DATE <u>12-21-84</u>
ORIGINAL SIGNATURE OF OPERATOR		
PROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

DEC 27 1984