Submit 3 copies to Appropriate District Office	E	y, Minerals and N		sources Department	1	Form C-103 Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL		/ ATIC Box 2088		WELL API NO. 30-025-24019		
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88	210	Santa Fe, New	/ Mexico	87504-2088	5. Indicate Type of Lease STATE D		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	10				6. State Oil / Gas Lease No. B-4118		
(DO NOT USE THIS FORM FOR PR DIFFERENT RES	DPOSALS ERVOIR. L		DEEPEN	OR PLUG BACK TO A	7. Lease Name or Unit Agreement NORTH VACUUM ABO WEST L		
1. Type of Well: OIL GA WELL WE		OTHER INJEC					
2. Name of Operator TEXACO E		ON & PRODUCTI	ON INC.		8. Well No. 11		
3. Address of Operator 205 E. Ben	ler, HOBBS	s, NM 88240			9. Pool Name or Wildcat VACUUM ABO, NOF	тн	
4. Well Location Unit Letter P Section21	660 Townsh			HLine and <u>660</u> ange <u>34E</u> NM		ine DUNTY	
	10. Ele	vation (Show whet	her DF, RK	B, RT,GR, etc.) 4058' GL			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTI)F:					
PERFORM REMEDIAL WORK X TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	PLUG AN CHANGE	D ABANDON PLANS		REMEDIAL WORK COMMENCE DRILLING OPE CASING TEST AND CEMEN OTHER:			
12. Describe Proposed or Completed (any proposed work) SEE RULE 11	•	(Clearly state all	pertinent	details, and give pertinen	nt dates, including estimated date	of starting	

1. MIRU pulling unit. Install BOP. Unseat injection packer. TOH w/ packer and tubing.

2. Rig up Halliburton. Tie into GR-SNL log. By wireline, perf the following intervals @ 2 spf, .04" hole and 120° F: 8733'- 8865' (99', 198 holes.)

3. GIH with 5-1/2" packer. Test tubing to 5000 psi. Set packer and load backside with fresh water. Test casing to 500 psi for 30 minutes.

4. Acidize perfs with 7,500 gals 20% NEFE HCL @ 4-5 BPM. SI one hour. Swab back rest of day. POH.

5. Test inj tbg while running in hole. Set pkr at +/- 8680'. Load backside with pkr fluid. Notify NMOCD and test casing to 500 psi for 30 minutes.

6. Put on injection. Run injection profile after rate stabilizes.

I hereby certify that the information above SIGNATURE	is true and Opplete to the best of my knowledge and belief. TITLE Engr Asst	DATE6/16/97	
TYPE OR PRINT NAME	Monte C. Duncan	Telephone No. 397-0418	
(This space for State Use) ORICINA	El SM S TO PER S LEO Y LL 14MB	18.4 1997	
APPROVED BY	ISUIDING CONTRACTION SOF	DATE	
CONDITIONS OF APPROVAL,	F ANY:	DeSoto/Nichols 12-93 ver 1.0	