

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.	30-025-24064
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-3196
7. Lease Name or Unit Agreement Name	NORTH VACUUM ABO WEST UNIT
8. Well No.	9
9. Pool Name or Wildcat	VACUUM ABO, NORTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4057' GR	

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
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter L : 1874 Feet From The SOUTH Line and 766 Feet From The WEST Line
Section 22 Township 17S Range 34E NMPM LEA COUNTY

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.

11-11-97: MIRU. SCALE HAS PLGR. TUCK. NU BOP.
11-12-97: TIH W/BIT & BAILER. C/O TO TD. TIH W/PKR @ 8648'.
11-13-97: A/PERFS W/3000 GALS 15% NEFE. MAX-3090. MIN-400. AIR-2.5 BPM. ISIP-163.
11-14-97: SCALE SQZ W/2 DRUMS TH756 & 250 BBLS.
11-15-97: SCANALOG TBG.
11-17-97: TIH W/PROD EQPT.
11-18-97: RETURN TO PRODUCTION. RD.
11-25-97: ON 24 HR OPT. PMPD 14 BO, 6 BW, 1 MCFPD. CHANGE STATUS FR WO TO POB.
FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 1/16/98

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

ORIGINAL SIGNED BY

APPROVED BY GARY WINK TITLE REC'D REP. II DATE 1/16/98
CONDITIONS OF APPROVAL, IF ANY: