STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-1565

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.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- WATER INJECTION WELL

7. Unit Agreement Name: CENTRAL VACUUM UNIT

2. Name of Operator: TEXACO PRODUCING, INC.

8. Farm or Lease Name:

3. Address of Operator: P. O. BOX 728, HOBBS, NEW MEXICO 88240

9. Well No.: 42

4. Location of Well: UNIT LETTER A, 32 FEET FROM THE NORTH LINE AND 1286 FEET FROM THE EAST LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: VACUUM GRAYBURG SAN ANDRES

15. Elevation (Show whether DF, RT, GR, etc.): 4003' (GR)

12. County: LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

17. 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.

1) RIG UP PULLING UNIT, PULL INJECTION TBG. AND PACKER.

2) CLEAN OUT TO 4777' W/ 3 7/8" BIT.

3) TREAT PERFS 4364 - 4700 W/ 2250 GAL ClO_2.

4) ACIDIZE PERFS 4364 - 4700 W/ 4300 GAL 15% NEFE.

5) RESET INJECTION TUB. AND PACKER, LOAD BACKSIDE W/ INHIBITED FLUID, TEST, AND RESUME INJECTION.

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

SIGNED A. Gernandt TITLE AREA SUPERINTENDENT DATE 4-11-88

A. GERNANDT (393-4031)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 12 1988
OCD
HOBBS OFFICE