

# 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.	30-025-25720
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B- 1334
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	45
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	3977' GL

SUNDY 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 WATER INJECTION WELL

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter C : 121 Feet From The NORTH Line and 2475 Feet From The WEST Line  
Section 31 Township 17S Range 35E NMPM LEA COUNTY

## 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.

8/30/94 -9/4/94

1. MIRU, INSTALLED BOP, TOH W/ INJECTION TUBING AND PKR. C/O TO 4783' (PBTD) & CIRCD CLEAN.

2. SET TREATING PKR @ 4301', TSTD CSG TO 500#, OK. ACIDIZED PERFS FROM 4422'-4726' W/ 3000 GALS 15% NEFE HCL, AIR = 4-5 BPM. SION.

3. TAGGED FILL (90' OF FILL) TOH W/ PKR. C/O TO 4783' (PBTD). CIRC HOLE W/ PKR FLUID, SET INJECTION PKR @ 4346'. TSTD CSG TO 500 PSI FOR 30 MIN, HELD OK.

4. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

OPT 9-16-94 INJECTING 544 BWPD @ 716 PSI

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 11/1/94

TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

APPROVED BY Monte C. Duncan TITLE Engr Asst DATE 11/1/94

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.

