

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-25721	
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1565	
7. Lease Name or Unit Agreement Name Central Vacuum Unit	
8. Well No. 55	
9. Pool name or Wildcat Vacuum Grayburg San Andres	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4005' GR	

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection
2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240
4. Well Location Unit Letter D : 1310 Feet From The North Line and 1310 Feet From The West Line Section 36 Township 17-S Range 34-E 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 OPNS. ☐	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.

5/29/92 - 6/5/92

- MIRU. TOH w/ pkr. C/O to 4782' (PBTD). Perf 4 1/2" csg w/ 2 JSPF @ 4387', 4400'-4408', 11', 25', 4662,-4470', 4660', 74', 96' (24 int, 48 hles)
- Spt & sqz 300 gal 20% NEFE fr 4387'-4782'. Loaded BS.
- A/ fr 4387'-4708' w/ 8000 gals 20% HCL NEFE, 6000# RS, & 360 BS'S IN 4 stages w/ 2000# RS between stages. Flushed w/ BFW. Max P = 4600#, AIR = 3.5 BPM. Swabbed load back. Returned well to injection.

AFTER 6-19-92 595 BWPB @ 870 PSI

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

SIGNATURE M. C. Duncan TITLE Engineer's Assistant DATE 6-23-92
TYPE OR PRINT NAME M. C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: