П

ALTERING CASING

Submit 3 copies to Appropriate District Office		e of New Mexico Natural Resources Departm	ent	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box Drawer DD, Artesia, NM 88 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	P.O. Santa Fe, Nev	VATION DIVISI Box 2088 w Mexico 87504-2088	30-025- 5. Indicate Type of Lease	STATE FEE
SUNDRY NO DO NOT USE THIS FORM FOR PR DIFFERENT RES	OTICES AND REPORTS OPOSALS TO DRILL OR TO ERVOIR. USE "APPLICATIO I C-101) FOR SUCH PROPO	D DEEPEN OR PLUG BACK ON FOR PERMIT	TO A 7. Lease Name or Unit A CENTRAL VACUUM UN	greement Name
2. Name of Operator	XPLORATION & PRODUCT	· • · · · · · · · · · · · · · · · · ·	8. Well No. 58	
3. Address of Operator 205 E. Ben	der, HOBBS, NM 88240		9. Pool Name or Wildcat VACUUM GRAY8	URG SAN ANDRES
4. Well Location Unit LetterA : Section36		ne <u>NORTH</u> Line and <u>132</u> Range <u>34</u> E		Line
	10. Elevation (Show whe	ther DF, RKB, RT,GR, etc.)	3999' GL.	
11. Check	Appropriate Box to Indi	icate Nature of Notice,	Report, or Other Data	
NOTICE OF INTENT	ON TO:		SUBSEQUENT REP	ORT OF:

TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:	 	 OTHER: ADDED PAY & ACIDIZED	\square

REMEDIAL WORK

PLUG AND ABANDON

6/17/96 - 6/20/96

PERFORM REMEDIAL WORK

- 1. MIRU, INSTALLED BOP, TOH W/ INJECTION TUBING & PKR. TAGGED FILL @ 4343', CLEANED OUT TO 4763' (PBTD) & CIRCD CLEAN.
- 2. RAN CASING INSPECTION LOG FR 4763' 3400'. PERFD THE FOLLOWING INTERVALS @ 2 SPF: 4608', 26', 30', 36', 47 (5' NET, 10 HLES).
- 3. SET TREATING PKR @ 4283', TSTD CSG TO 500#, OK. ACIDIZED PERFS FROM 4386'-4716' W/ 5000 GALS 20% NEFE HCL, AIR = 4-5 BPM. SI 1 HR. TOH W/ PKR. SDON.
- 4. TIH W/ 4 1/2" INJ PKR ON 2 3/8" DUO-LINE INJ TBG. CIRCD HOLE W/ PKR FLUID, SET INJECTION PKR @ 4297'. TSTD CSG TO 430 PSI FOR 30 MIN, HELD OK.
- 5. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK) (INTERNAL TEPI STATUS REMAINS: INJ)

OPT 6-28-96 INJECTING 1420 BWPD @ 845 PSI

I hereby certify that the information above is SIGNATURE	DATE <u>7/17/96</u>		
TYPE OR PRINT NAME	Monte C. Duncan	Telephone No. 397-0418	
(This space for State Use)		DATE_ JUL 88 1993	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		DeSato/Nichols 12-93 ver 1.0	

^{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.

