Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 3002525729

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B 1306

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.)

7. Lease Name or Unit Agreement Name: Central Vacuum Unit

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Water Injection

2. Name of Operator: Texaco Inc. Producing

8. Well No. 74

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Vacuum Grayburg San Andres

4. Well Location
Unit Letter L : 2561 Feet From The South Line and 1180 Feet From The West Line
Section 31 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3982' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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

1) RU Nowcam 12/12/89.
2) TIH w/coil tbg to 4694'. Cir cln. Spot 200 gal 4% NA Perborate across 4-1/2" perfs 4448-4678'. Sqzd out addl 100 gals.
3) Spot 200 gals 20% HCl w/5% Checkersol while pulling tbg to top perf. Sqzd out addl 1300 gals 20% HCl containing 23,000 SCF N_2. Max P-3500#/Min P-1600#. AIR 4 BPM.
4) P/20,000 N_2 to clean well. TOH.

Inj Prior 526 BWPD @ 890 psi.
Inj After 681 BWPD @ 910 psi.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 01/17/90

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505)393-7191

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 25 1990

CONDITIONS OF APPROVAL, IF ANY: