| Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 South First, Artesia, NM 88210 State of New Mc Energy, Minerals and Natu | ral Resources Revised March 25, 1999 WELL API NO. 30-025-25734 |
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| District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505 | CTATE GG PPP C |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection | UG BACK TO A |
| 2. Name of Operator Texaco Exploration & Production, Inc | 8. Well No. 94 |
| 3. Address of Operator P.O. Box 3109, Midland, Tx 79702 | 9. Pool name or Wildcat Vacuum Grayburg SA |
| 4. Well Location | vacuum Grayburg SA |
| Unit Letter 0 : 50 feet from the South line and 2549 feet from the East line | |
| Section 31 Township 17S Range 35E NMPM Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON | SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CASING TEST AND CEMENT JOB |
| OTHER: | OTHER: |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. MI & Ru Plugging Equipment. 4/17/01 Squeezed Perfs. @4343' w/250 sx Class C Cmt. 4/24/01 Pressure Test Cmt & Csg to 1500 Psi. Tag Toc @ 3550'. 4/24/01 Spot 30 sx Class C Cmt @ 2900' Tag Toc @ 2560'. 4/25/01 Spot 40 sx Class C Cmt @ 1600' Tag Toc @ 1180'. 4/26/01 CIRC Well w/40 sx Class C Cmt 400 - Surf. 4/26/01 Install Dry Hole Marker. 4/27/01 | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE MANAGER DATE 4-27-01 Type or print name Type or print name Type or State use) Telephone No. 915 683-4796 | |
| | |
| APPPROVED BY Conditions of approval, if any: DATE DATE | |

TCSG GWW