

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

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-25795
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	857943
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	31
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY 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  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter J ; 1330 Feet From The SOUTH Line and 1330 Feet From The EAST Line  
Section 30 Township 17S Range 35E NMPM LEA COUNTY

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: PERFORMED MIT & RETURNED TO INJECTION <input checked="" type="checkbox"/>

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.

4-14-99:  
Notified NMOCD.  
Had tubing leak. Repaired & returned to injection.  
Tested to 500# for 30 minutes - held OK.  
Packer depth @ 4266'. Perforations: 4374-4742'.  
{ORIGINAL CHART & COPY OF CHART ATTACHED}

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

SIGNATURE	J. Denise Leake	TITLE	Engineering Assistant	DATE	4/22/99
TYPE OR PRINT NAME	J. Denise Leake	Telephone No.	397-0405		
(This space for State Use)					
APPROVED BY	WILLIAMS	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					



