STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [XX] Fee [ ]

5. State Oil & Gas Lease No.: B-1506

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.)

OIL WELL [ ] GAS WELL [ ] OTHER- Water Injection WELl

7. Unit Agreement Name: Central Vacuum unit

Name of Operator: Texaco Producing Inc.

8. Farm or Lease Name:

Address of Operator: P. O. Box 728, Hobbs, NM 88240

9. Well No.: 28

Location of Well:
UNIT LETTER P, 1230 FEET FROM THE South LINE AND 159 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 17S RANGE 34E NMPM.

10. Field and Pool, or Wildcat: Vacuum Grayburg SA

15. Elevation (Show whether DF, RT, GR, etc.): 3985' GL

12. County: Lea

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

17. 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) Rig up pulling unit. Installed BOP.
2) TOH w/inj tbg and pkr.
3) Clean out w/3 7/8" bit to 4765' PBTD.
4) Circ hole clean. Spot 20 bbls bleach soln.
5) TOH w/bit.
6) Perforate 4½" csg w/2 spf at 4451, 4567, 4615, 25, 31, 39, 47.
7) Set RBP at 4745. Set pkr at 4530.
8) Acidize 4567-4724 w/5500 gal 20% gelled acid and 2100#RS.
9) Reset RBP at 4530'. Reset pkr at 4300'.
10) Acidize 4407-4498 w/2500 gal 20% gelled acid and 600# RS.
11) toh w/RBP and pkr.
12) TIH w/Baker inj pkr on Rice tbg, set pkr at 4371'. Load annulus w/inhibited water, test to 600 psi for 30 min, OK. Resumed injection.

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

SIGNED G. L. Browning TITLE District Admin. Supervisor DATE 10/09/86

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE OCT 17 1986

CONDITIONS OF APPROVAL, IF ANY: