

**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.	30-025-25817
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2245
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	30
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1750</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3987' GR

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ CASING INTEGRITY TEST

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.

THIS CASING INTEGRITY TEST WAS PERFORMED IN RESPONSE TO THE RESULTS OF THE RECENT NMOCB BRADENHEAD TEST PERFORMED ON 5/23/95.

6/26/95

1. TESTED 4 1/2" CASING FROM SURFACE TO INJECTION PACKER SET @ 4443' AS PER NMOCB GUIDELINES TO 300# FOR 30 MINUTES, HELD OK.

2. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS REMAINS: INJ)

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 6/26/95

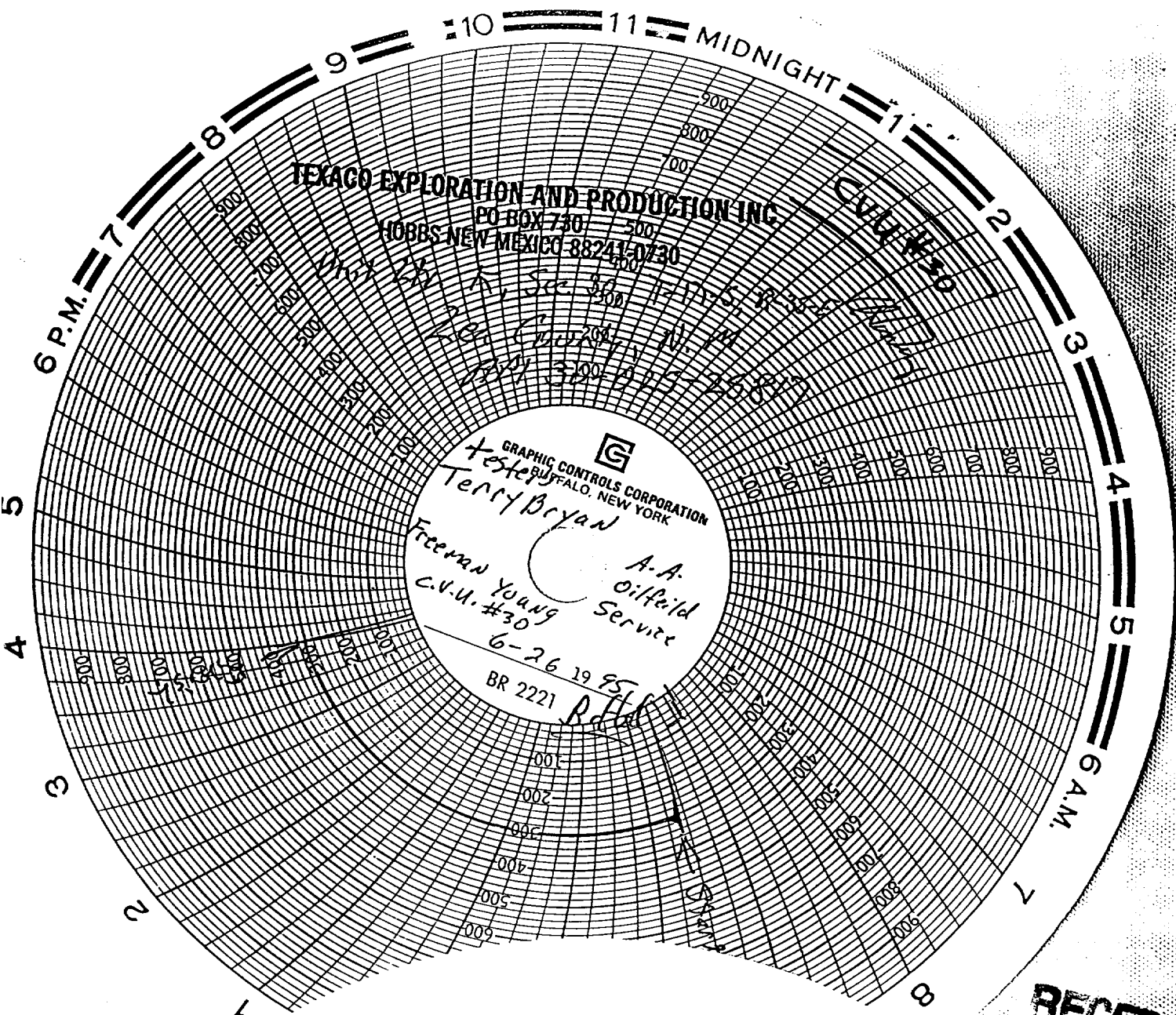
TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

APPROVED BY Paul Kautz TITLE Geologist DATE JUN 30 1995

CONDITIONS OF APPROVAL, IF ANY:

ICB



Date: 6/26/95

Well Name: Central Vacuum Unit  
 #30

Supervisor: Odis Henley

Packer Type: Baker - Lockset

Packer Setting Depth 4443'

Perforations: 4510' - 4794'

RECEIVED

JUN 28 1995

WELL LOGS  
 OFFICE

RECEIVED

JUN 28 1995

WELL LOGS  
 OFFICE