

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. 30-025-25818
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-1021
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well No. 46
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 INJECTION WELL <input type="checkbox"/>	
2. Name of Operator Texaco Exploration and Production Inc.	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	
4. Well Location Unit Letter <u>A</u> : <u>119</u> Feet From The <u>NORTH</u> Line and <u>1224</u> Feet From The <u>EAST</u> Line Section <u>31</u> Township <u>17-S</u> Range <u>35-E</u> NMPM LEA	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3976' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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 OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: REPEAT CASING INTEGRITY TEST <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.

THE ABOVE WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST DUE TO A PACKER LEAK.

8-2-93

1. REPAIRED INJECTION PACKER.
2. NOTIFIED NMOCD OF CASING INTEGRITY TEST.
3. TESTED 4 1/2" CASING FROM SURFACE TO PACKER SET @ 4275' AS PER NMOCD GUIDELINES TO 570# FOR 30 MINUTES, HELD OK.
4. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 8-3-93

TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 09 1993

CONDITIONS OF APPROVAL, IF ANY:

C. J. 13

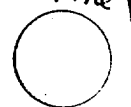
PRINTED IN U.S.A.

DAY

NIGHT

TEJAS  
INSTRUMENT ENGINEERS  
Texaco  
Central Vacuum unit  
#46

DATE ORDERED  
DATE PAID IN  
DATE PAID IN  
8-2-83



BR-2221  
B 0-1000-8

AUGUST 2, 1993

TEXAS  
FORD  
Ford 360-4582  
KCE 4475  
Pete 4486

TEJAS INSTRUMENT ENGINEERS  
2100 WEST 17TH STREET  
DALLAS, TEXAS 75201  
TEL. 754-1111  
FAX 754-1112