Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
3002525818

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
NM-1021

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.)

7. Lease Name or Unit Agreement Name
Central Vacuum Unit

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Water Injection

2. Name of Operator
Texaco ~~Producing~~ Expl & Prod. Inc.

8. Well No.
46

3. Address of Operator
P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat
Vacuum Grayburg San Andres

4. Well Location
Unit Letter A : 119 Feet From The North Line and 1224 Feet From The East Line

Section 31 Township 17-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3976' GR

11. 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 [XX]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: [ ]	

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.

04/15/91 thru 04/30/91

1) MIRU PU. TOH w/inj equip. TIH w/bulldog bailer. Tag'd @ 4636'. C/O to 4640'. TOH.
2) TIH w/3-3/4" shoe, 2 jts 3-3/4" WP. C/O 4-1/2" csg 4640-4766'. TOH.
3) Spt 300 gals 4% NA Perborate heated to 130° fr 4730-4386'.
4) TIH w/pkr & TP to 4730'. Spt 300 gals 15% NEFE HCL w/15 gals checkersol & 300 gals 4% NA Perborate & 300 gals 15% NEFE. Pld up & set pkr @ 3659'. A/perfs 4386-4726' w/4400 gals 15% NEFE & 2500# RS & 70 BS's in 3 stgs. Max P-2100#. AIR 4 BPM. ISIP-1259#. 15 Min-670#. Swab. TOH.
5) TIH w/inj equip. Cir backside w/inhibited FW. PSA 4302'.

Test Prior - 230 BWPD @ 870 psi. Test After - 661 BWPD @ 860 psi

Richard DeSoto

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

SIGNATURE _____ TITLE Engineering Technician DATE 06/21/91

TYPE OR PRINT NAME R. B. DeSoto TELEPHONE NO. 393-7191

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: