

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. 30-025-26792
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1414-1
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well No. 148
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3971' GR

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	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 P : 1310 Feet From The SOUTH Line and 50 Feet From The EAST Line Section 30 Township 17-S Range 35-E NMPM LEA
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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

11/4/93 - 11/9/93

1. MIRU. TOH INJ EQUIP, C/O TO 4744' (PBTD).
 2. SPTD 275 GALS 20% NEFE ACROSS PERFS, SI 1 HR, REVERSED OUT ACID.
 3. ACIDIZED OH 4470'-4739' W/ 4,000 GALS 20% HCL NEFE, MAX P = 3130#, AIR = 4 EIPM. SWABBED LOAD BACK.
 4. CIRCD HLE W/ PKR FLUID, SET PKR @ 4378', TSTD CSG TO 520# FOR 30 MIN, OK. RETURNED WELL TO INJECTION.
- (ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

OPT 11/26/93 296 BWPD @ 915 PSI

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 12-20-93
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

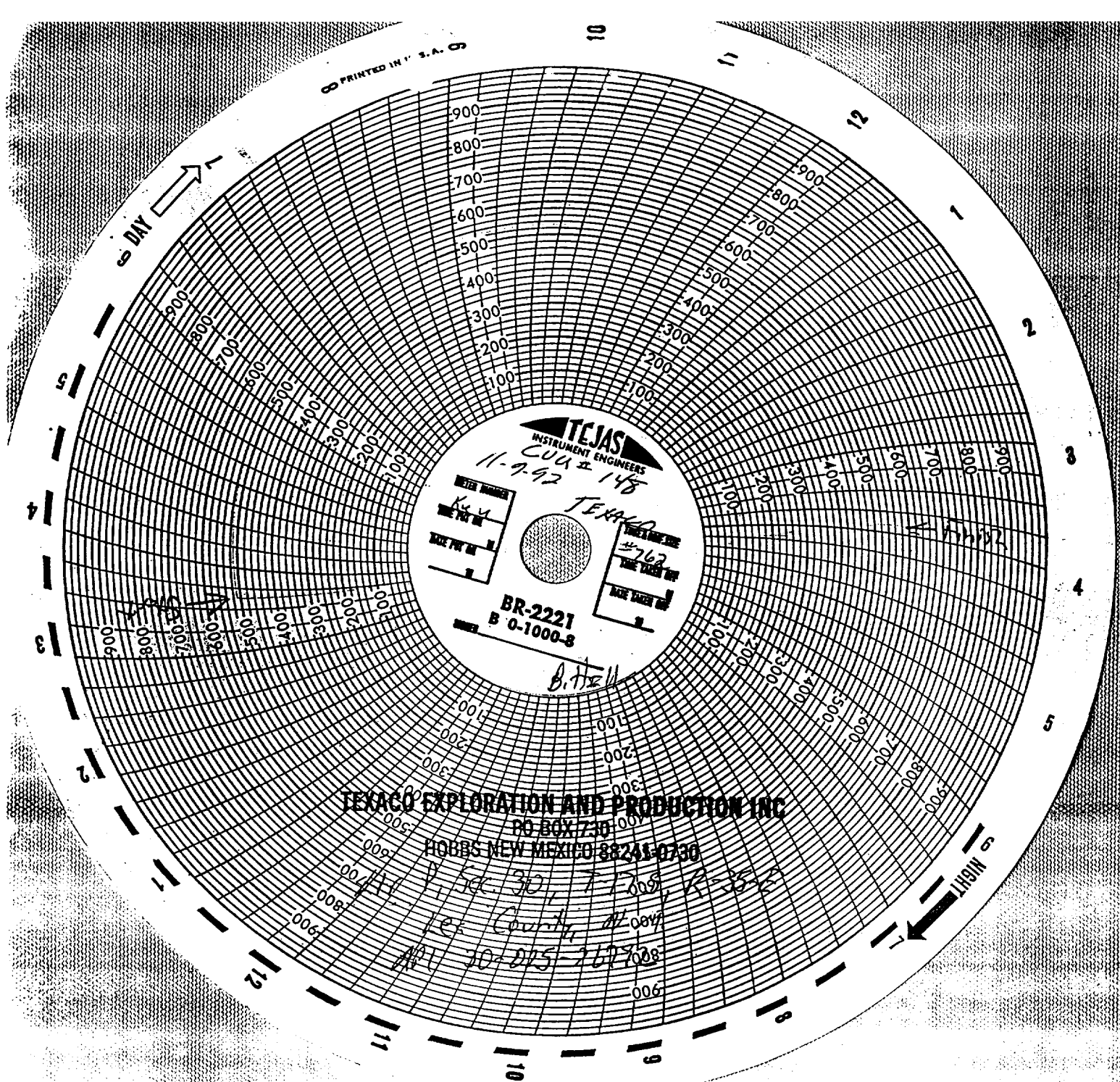
(This space for State Use)

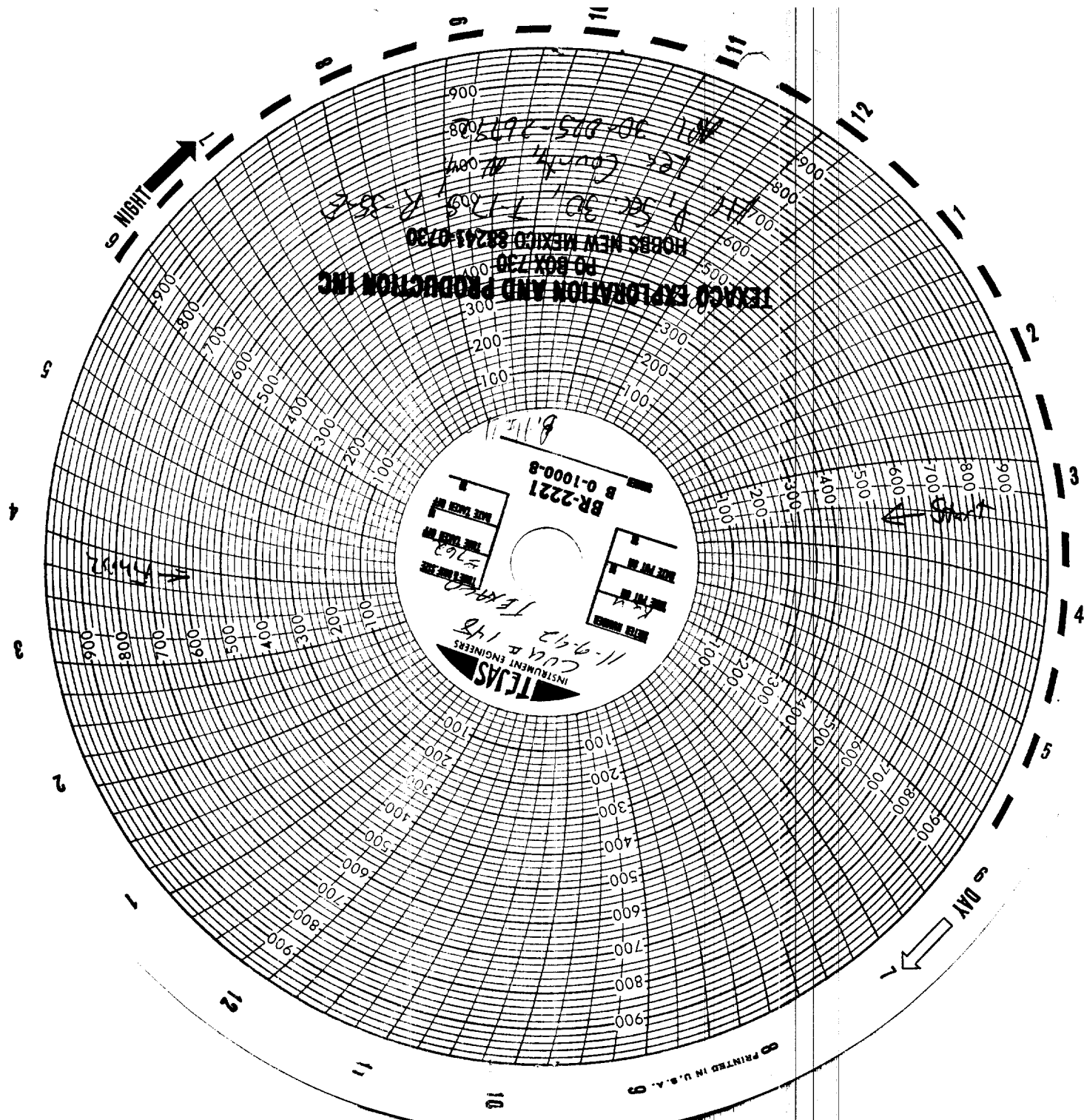
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 23 1993





DATE 11-09-93
WELL NAME CVU#148
SUPERVISOR Tom Sebastian
PACKER TYPE Baker Loc-Set
PACKER SETTING DEPTH 4378
PERFORATIONS 4470-4739