

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-27235
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1113-1
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	154
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 ☐ GAS WELL ☐ OTHER WATER INJECTION WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter D : 45 Feet From The NORTH Line and 1185 Feet From The WEST Line
Section 30 Township 17S Range 35E NMPM LEA 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:	SUBSEQUENT REPORT OF:
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 OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> REPLACED INJ PACKER & TESTED CASING

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.

- 10/4/94
- RELEASED INJECTION PACKER & TOH W/ PACKER & INJECTION TUBING.
 - TIH W/ NEW 4 1/2" AD-1 PACKER & INJECTION TUBING. CIRCD HOLE W/ PKR FLUID, & SET PACKER @ 4449'.
 - TSTD CASING TO AS PER NMOCD GUIDELINES TO 540# FOR 30 MIN, HELD OK.
 - 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 Engr Asst DATE 11/11/94

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

(This space for State Use)
APPROVED BY Monte C. Duncan TITLE Engr Asst DATE 11/22/1994

CONDITIONS OF APPROVAL, IF ANY:

