

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

| | |
|------------------------------|---|
| WELL API NO. | 30-025-27969 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lease No. | 857943 |

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 | 7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. | 8. Well No. 159 |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240 | 9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES |
| 4. Well Location Unit Letter <u>D</u> <u>1310</u> Feet From The <u>NORTH</u> Line and <u>100</u> Feet From The <u>WEST</u> Line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

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: ☒ PERFORMED MIT & RETURNED TO INJECTION

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.

11-13-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4354' as per NMOCD guidelines to 500# for 30 mins. Held OK.

2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 1/5/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

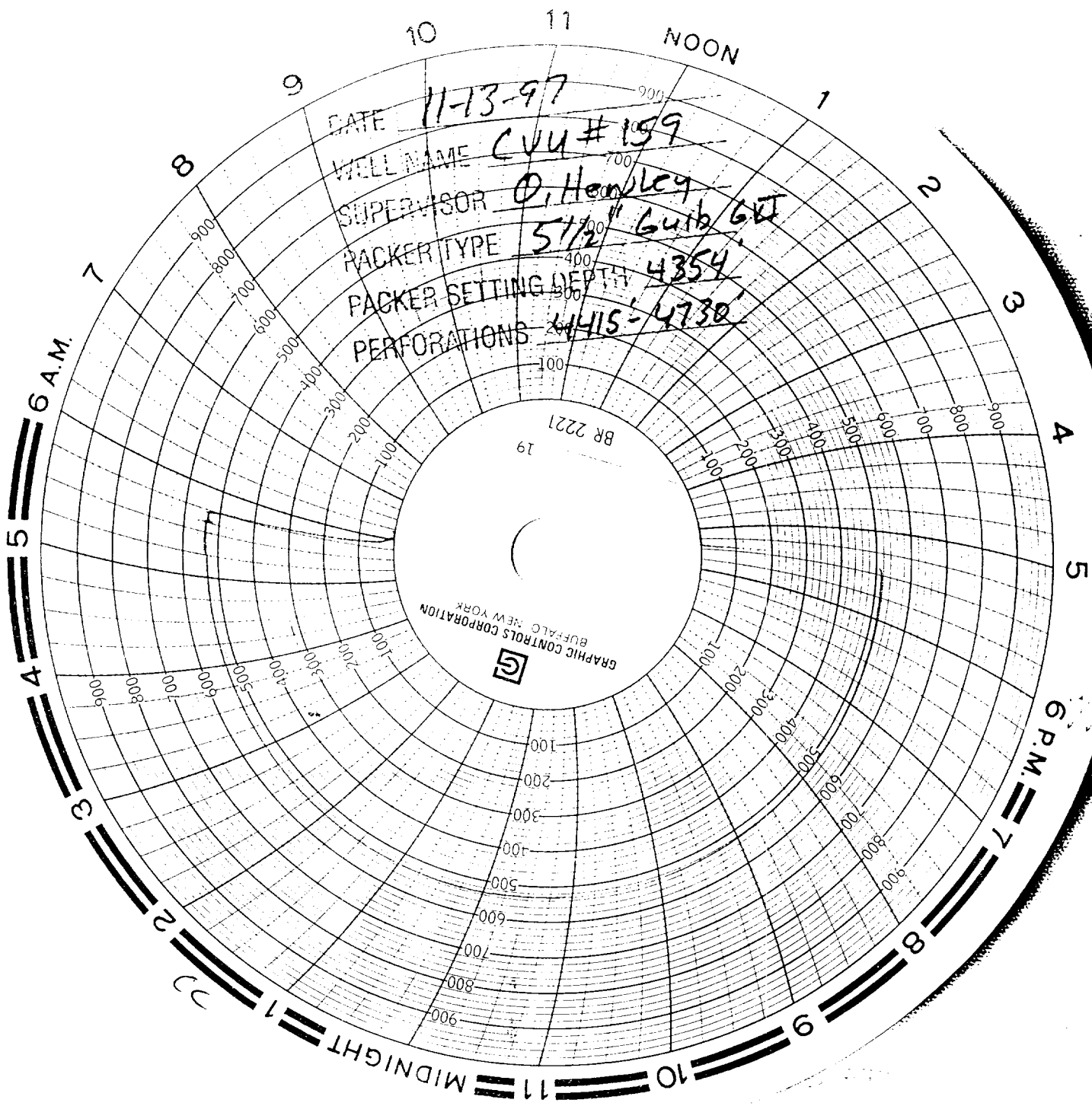
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APPROVED BY WILLIAMS

DATE

CONDITIONS OF APPROVAL, IF ANY:

JCJS



DATE 11-13-97

WELL NAME CVU #159

SUPERVISOR O. Henley

PACKER TYPE 5 1/2" Gub/GV

PACKER SETTING DEPTH 4354'

PERFORATIONS 4415'-4730'

BR 2221
19

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK