

**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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

|                                                   |                                                                        |
|---------------------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                                      | 30-025-30103                                                           |
| 5. Indicate Type of Lease                         | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil / Gas Lease No.                      | B-1565                                                                 |
| 7. Lease Name or Unit Agreement Name              | CENTRAL VACUUM UNIT                                                    |
| 8. Well No.                                       | 253                                                                    |
| 9. Pool Name or Wildcat                           | VACUUM GRAYBURG SAN ANDRES                                             |
| 10. Elevation (Show whether DF, RKB, RT,GR, etc.) | 4018' GL                                                               |

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

|                                                   |                                                                                                                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:                                  | OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                      |
| 2. Name of Operator                               | TEXACO EXPLORATION & PRODUCTION INC.                                                                                               |
| 3. Address of Operator                            | PO BOX 3109, MIDLAND, TX 79702                                                                                                     |
| 4. Well Location                                  | Unit Letter C : 675 Feet From The NORTH Line and 1330 Feet From The WEST Line<br>Section 36 Township 17S Range 34E NMPM LEA COUNTY |
| 10. Elevation (Show whether DF, RKB, RT,GR, etc.) | 4018' GL                                                                                                                           |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                  |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPERATION <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/>             |
| PULL OR ALTER CASING <input type="checkbox"/>  |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>  |                                                           |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: <input type="checkbox"/>                      | HORIZONTAL COMPLETION <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.

5-18-01: MIRU KEY #319. RU KILL TRUCK. KILL W/25 BBLS 10# BRINE. JAR ON PUMP. WOULD NOT COME FREE.  
5-19-01: MOVE IN FRAC TANK. CIRC W/190 BBLS 10# BRINE. NDWH. TAC NOT SET. NUBOP. PU BIT & TIH W/137 JTS 2 7/8" TBG TO 4375'. BTM OF 7" CSG @ 4325'.  
5-20-01: PU BIT W/CSG SCRAPER & TIH TO 4258. SET TOP OF CIBP @ 4254. TEST PLUG TO 800 PSI. RD KEY #319.  
5-23-01: MIRU KEY #118. NUBOP. TIH W/GAUGE MILLS. TAG CIBP @ 4250. MAKE +4' CORRECTION. TIH W/GYRO. ORIENT WHIPSTOCK & SET FACE @ 78.9 AZ. MILLING @ TOP OF WHIP (4238) MADE ONLY 3".  
5-24-01: MILL 4238-4239.5, 4241, 4242.50, 4244, 4246.5. REAM 4238-4246.5, 4248. DRILL TO 4280, 4484, 5239, 5998, 6326. TIH W/BOX TAP. TAG @ 4226. 12' ABOVE WHIPSTOCK.  
5-30-01: REAM 4230-4238. TRY TO SET RBP @ 4073. WOULD NOT TEST. TIH W/2ND RBP & SET @ 3945. TEST TO 1000 PSI.  
6-06-01: MIRU SU. TIH W/TBG.  
6-07-01: PU RBP & TIH W/125 JTS TBG TO 3869.  
6-08-01: REL RBP & LD. TIH W/SN, TBG, X-OVER SUB. SET PKR. NU TRTNG TREE. RIG DOWN KEY RIG #319.  
6-09-01: ACID FRAC JOB: PUMP 55,000 GALS 20% HCL. OPEN WELL & FLOW FOR 6 HRS. ALL WTR. NO OIL.  
6-14-01: MIRU KEY #296. OPEN BYPASS ON PKR & WELL STARTED FLOWING UP ANNULUS. TIH W/PROD TBG TO 1550'. NDBOP. NUWH. SN @ 4182. MA @ 4217.  
6-16-01: RAN PMP & RDS. SPACE OUT WELL. LOAD & TEST PUMP. WELL PUMPING @ 0830 HRS 6-16-01. NO GAUGE.  
7-03-01: TIH W/SUB PUMP. FLANGE UP WH. RDSU.  
7-06-01: ON 24 HR OPT. PUMPING 12 BO, 1264 BW, & 10 MCF.  
FINAL REPORT

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 9/25/01

Telephone No. 915-688-4752

TYPE OR PRINT NAME J. Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE