

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.	30-025-31701
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2706
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	40
9. Pool Name or Wildcat	VACUUM GLORIETA
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4001' GR

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
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>K</u> : <u>1590</u> Feet From The <u>SOUTH</u> Line and <u>2404</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>LEA</u> COUNTY

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"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> REPAIRED 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.

THE FOLLOWING PROCEDURE WAS PERFORMED TO REPAIR AN INJECTION PACKER THAT WAS FOUND TO BE LEAKING DURING A NMOC D SCHEDULED BRADENHEAD TEST PERFORMED ON 5/29/96.

8/19/96

1. MIRU. RELEASED INJECTION PKR & TOH W/ INJ EQUIPMENT.
2. REPAIRED 5 1/2" BAKER LOC-SET INJECTION PACKER.
3. TIH W/ 2 3/8" RICE DUO-LINE TUBING STRING AND REPAIRED INJ PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 5915'.
4. TESTED 5 1/2" CASING FROM SURFACE TO PKR SET @ 5915' AS PER NMOC D GUIDELINES TO 520# FOR 30 MINUTES, HELD OK.
5. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS REMAINS: INJ)

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 9/24/96
TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

APPROVED BY SEP 27 1996 TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

