

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

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.")		WELL API NO. 30-025-32450
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.		6. State Oil / Gas Lease No. 548570
3. Address of Operator 205 E. Bender, HOBBS, NM 88240		7. Lease Name or Unit Agreement Name NEW MEXICO O STATE NCT-1
4. Well Location Unit Letter _____ Feet From The SOUTH Line and 330 Feet From The EAST Line Section 36 Township 17-S Range 34-E NMPM LEA COUNTY		8. Well No. 37
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3986', KB-3998'		9. Pool Name or Wildcat VACUUM BLINEBRY / VACUUM DRINKARD

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"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: RC, DHC-1317 <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

THIS IS THE SUBSEQUENT REPORT TO A C-101 INTENT DATED 7/3/96 & APPROVED BY THE NMOCD ON 7/10/96 WHERE TEPI PROPOSED TO ADD VACUUM BLINEBRY PAY AND DOWNHOLE COMMINGLE THIS ZONE WITH THE VACUUM DRINKARD INTERVAL. WORK PERFORMED UNDER ADMINISTRATIVE ORDER DHC-1317.

11/4/96 - 12/4/96

- MIRU. TOH with rods & pump. Installed BOP. TOH with 2-7/8" production tbg.
- TIH with bit. C/O wellbore to 8008' (PBDT @ 8029'). Perforated Vacuum Blinebry as follows: 6396'-6406', 6500'-6504', 6518'-6520', 6526'-6538', 6556'-6558', 6588'-6590', 6616'-6624', 6658'-6662', 6684'-6690', 6722'-6726', 6758'-6762', 6778'-6784', 6808'-6810', 6822'-6824', 6876'-6886', 6908'-6810', 6940'-6944', 6984'-6986', 7102'-7106', 7146'-7152', 7156'-7162' (4 jsf, 120", .45" holes, 102' intl, 408 total holes).
- TIH w/ CIBP & treating pkr on 3-1/2" WS. Tested WS to 8500 psi while running in hole, OK. Set CIBP @ 7374' & pkr @ 7209'.
- Loaded BS w/ 2% fresh KCL water & tested BS to 1000 psi, OK. Reset pkr @ 6299', acidized Blinebry perms 6396'-7162' w/ 4000 gals 15% HCL, Max P = 2600#, AIR = 4.3 BPM. SI 1 hr.
- Swab back. Acid fracd Blinebry perms 6396'-7162' w/ 24,000 gals 50 Quality CO2 foamed acid & 42,200 gals foamed 50 Quality W/F140. Max P = 4015#, AIR = 20 BPM. SI for 2 hrs, flowed & swabbed back.
- TOH w/ pkr. TIH w/ prod equipment & tested Vacuum Blinebry zone separately.
- TOH w/ rods, pump, & tbg. TIH w/ 4 3/4" bit, drilled out CIBP @ 7374'. Pushed CIBP to 7997' (NEW PBDT). TIH w/ prod equipment & returned well to production producing downhole comming in the Vacuum Blinebry and Vacuum Drinkard.

OPT 12/16/96	%OIL	%GAS	OIL	GAS	WATER
TOTAL PRODUCTION			27	46	74
VACUUM BLINEBRY	45%	12%	12	6	-
VACUUM DRINKARD	55%	88%	15	40	-

ADMINISTRATIVE ORDER DHC-1317

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 1/20/97

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

(This space for State Use) ORIGINAL SIGNED BY GARY WINK FIELD REPRESENTATIVE DATE

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: