Form C-103

| Superiorials to Ariot Office Di | | Energy, with als | and Natural R | esources Department | | R | Revised 1-1-89 |
|---|-------------------|---------------------|-----------------|--------------------------------|--|---------------------|----------------|
| DIS TRICT I | 4 | OIL CONSE | ERVATI | ON DIVISION | WELL API NO | | |
| P.O. 3 3x 1980, 1 Hobbs, NM 3 | 8240 | | P.O. Box 208 | | WELL API NO | 30-025-33765 | |
| DISTRICT II | | Santa En | | o 87504-2088 | 5. Indicate T | | |
| P.O. Box Drawe. Dr. Artesia, | NM 88210 |) Carita i C, | TTOW WOOD | 0 01001 2000 | | STATE 🛛 | FEE 🔲 |
| DISTRICT III | 184 07410 | | | | 6. State Oil / | Gas Lease No. | |
| 1000 Rio Brazos Rd., Aztec, N | | CES AND DEDO | OTE ON WEI | | | B-1030 | |
| SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | | 7. Lease Name or Unit Agreement Name | | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | WEST VACUUM UNIT | | | |
| 1. Type of Well: OIL | CAS | <u> </u> | OI OOALO., | | 1 | | |
| 1. Type of Well: WELL | WELL | OTHER \ | Water Injection | | | | |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. | | | | | 8. Well No. 60 | | |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240 | | | | | 9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES | | |
| 4. Well Location | | | | | | | |
| Unit Letterl | | 2470 Feet Fro | m The SOU | <u>TH</u> Line and <u>1100</u> | Feet From * | The EAST Line | e |
| Section 34 | | Township 17-S | F | Range <u>34-E</u> Ni | MPM | LEA COU | NTY |
| | | 10. Elevation (Show | whether DF, RI | (B, RT,GR, etc.) 4030' GR | | | |
| 11. | heck App | propriate Box to | Indicate Na | ture of Notice, Repor | t, or Other | Data | |
| NOTICE OF IN | [ENTION | J TO: | | SI | JBSEQUE | NT REPORT OF | = ∙ |
| PERFORM REMEDIAL WORK | | LUG AND ABANDON | | REMEDIAL WORK | ⊠ | ALTERING CASING | |
| TEMPORARILY ABANDON | _ | HANGE PLANS | | COMMENCE DRILLING OP | FRATION | PLUG AND ABANDON | |
| PULL OR ALTER CASING | | | _ | CASING TEST AND CEME | _ | | _ |
| OTHER: | | | | OTHER: | | ert to WIW | \boxtimes |
| 12. Describe Proposed or Conany proposed work) SEE F 6-24-99: MIRU. UNSEAT PUN 6-25-99: NDWH. NUBOP. TO RACK, TALLY 2 3/8" TBG. | RULE 1103. 1P. | | | | | | - |
| 6-26-99: TIH W/PKR ON TBG | . KB-14'. LE | FT PKR SWINGING | @ 4434'. NDB | BOP. NUWH. CIRC HLE W | //130 BBLS Pk | KR FLUID. SET PKR @ | 4434'. |

ATTEMPT TO TEST & CHART CSG-UNSUCCESSFUL. TEST TO 500#-LOST 200# IN 2 MINS. LEFT CSG OPEN TO PIT.

6-28-99: TEST & CHART FOR NMOCD TO 500# FOR 30 MINS-OK. INSTL 2 3/8" GATE VALVE.RIG DOWN. 7-09-99: ON 24 HR OPT. INJ'G 330 BWPD @ 850 PSI.

Order # Wfx-135

| I hereby certify that the information above is true and complete to the best or my knowledge and belief. SIGNATURE **LUSE*** **LUSE********************************** | DATE 7/26/99 |
|---|------------------------|
| TYPE OR PRINT NAME J. Denise Leake | Telephone No. 397-0405 |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | DATE 8-19-99 |

ICSN

FINAL REPORT

