

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.

30-025-35212

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

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 ☒ GAS WELL ☐ OTHER NEW WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter H : 2509 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 36 Township 17-S Range 34-E NMMP LEA COUNTY

7. Lease Name or Unit Agreement Name

CENTRAL VACUUM UNIT

8. Well No.
173

9. Pool Name or Wildcat
VACUUM GRAYBURG SAN ANDRES

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3988'

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: ☐ PRODUCTION 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.

12-05-00/12-13-00: RAN 7: CSG, 105 JTS 23#. CMT W/450 SX 35/65 POZ CL H W/6% GEL, 5% SALT, 1/4# FC. FOLLOWED BY 150 SX 35/35 POZ CLASS H. NDBOP. NU TBG HEAD. SET ANCHORS FOR RIG. RUN GR/CCL LOG CORRELATED TO PLATFORM EXPRESS/CNL LOG. PBTD WIRELINE DEPTH WAS 4672'. TIH W/CIBP & SET PLUG @ 4460.

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 1/30/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE