

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.	30-025-35213
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> 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.		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW/CO2 <input type="checkbox"/>	8. Well No. 241
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.	9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
3. Address of Operator	205 E. Bender, HOBBS, NM 88240	
4. Well Location	Unit Letter B : 74 Feet From The NORTH Line and 1940 Feet From The EAST Line Section 36 Township 17-S Range 34-E NMPM LEA COUNTY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		3997'

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.

1-27-01: RAN 7: CSG 117 HTS 23# K-55 4812.24', 1 FLOAT COLLAR, GUIDE SHOE. CMT CSG W/800 SX 35/65 POZ H + 6% D20 + .25 PPS, D130 DENSITY, 12.8 YIELD, 1.94 FT PER SK RATE 7.8 BPMJ 450 PSI. TAIL CMT W/150 SX 35/65 POZ H 1.0 GPS D500 + 50 GPS. DID NOT CIRC CMT TO SURF. NDBOP. SET SLIPS. NUBOP. JET & CLEAN PITS. RIG RELEASED @ 9:00 PM 1-26-01.

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 1/28/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE