Submit a conior		State of Nev	/ Mexico		Form C-103
Submit 3 copies to Appropriate District Office	Er	ry, Minerals and Natural	Resources Department		Revised 1-1-89
DISTRICT I	OH	CONSERVAT	ION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	~~~	P.O. Box 20		30-025-35213	
DISTRICT II		Santa Fe, New Mex		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210		Santa Fe, New Mex	CO 07304-2000	STATE	FEE
DISTRICT III				6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410					20 4
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	POSAL RVOIR.	AND REPORTS ON WI S TO DRILL OR TO DEER USE "APPLICATION FOI FOR SUCH PROPOSALS.	PEN OR PLUG BACK TO R PERMI	7 Lease Name or Unit Agreement N CENTRAL VACUUM UNIT	
1. Type of Well: OIL GAS WELL - WELL		OTHER WIW/CO2			
Name of Operator TEXACO EXF	8. Well No. 241				
3. Address of Operator 205 E. Bende	Pool Name or Wildcat VACUUM GRAYBURG SAM	N ANDRES			
4 Well Location	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Unit Letter B:	74	Feet From The NC	RTH Line and 1940	Feet From The EAST	Line
Section 36	Town	ship 17-S	Range34-EN		anagas pa paramontar memberatura a = 1 a 1 · 1 · 1 · 1 · 1
	10. E	levation (Show whether DF, R	KB, RT,GR, etc.) 3997'		
11. Check Ap	ppropr	riate Box to Indicate N	lature of Notice, Repo	rt, or Other Data	
NOTICE OF INTENTIC)N TC) :	S	SUBSEQUENT REPORT (OF:
		AND ABANDON	REMEDIAL WORK	ALTERING CASING	3
PERFORM REMEDIAL WORK		GE PLANS	COMMENCE DRILLING O	PERATION PLUG AND ABAND	ONMENT
TEMPORARILY ABAINDON					
PULL OR ALTER CASING			OTHER:	SPUD & SURFACE CASING	~
OTHER:			_ OINER,		
Describe Proposed or Completed Op proposed work) SEE RULE 1103.	erations	s (Clearly state all pertiner	t details, and give pertinent	dates, including estimated date of	starting any
1-13-01/1-26-01: MIRU & SPUD ON 1/1 36.00 LB LT&C, INSERT FLOAT, 1504- W/510 PSI. PLUG HELD. CIRC 258 SX PSI-OK. NUBOP. TEST BOP & CHOKE 1637,1693,1895,2115, 2326,2389,2733,2806,2889,3013,3264,3 EXPRESS/NGS/SDT/RFT.	09 FT T CMT TO MANIF	FOTAL CSG @ 1552.44. C O SURF. PLUG DN @ 9!2 FOLD TO 1500 PSI-OK. TA	MT W/450 SX CL C. TAIL I 5 AM 1-17-01. WOC 4 HRS G CMT @ 1500'. INSTL RO	N W/200 SX CL C. DISPL 115 BBL S. CUT OFF CSG @ WELD HEAD (DT HEAD ASSEMBLY, DRLG 1550	BUMP PLUG ON TEST 1000
EXPRESSINGS/SETIMET.					
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				-	

I hereby certify that the information above by the and cou	nplete to the best of a knowledge and belief.	Engineering Assistant	DATE 1/27/01
TYPE OR PRINT NAME	J. Denise Leake		Telephone No. 397-0405
(This space for State Use)			
APPROVED 86 NDITIONS OF APPROVAL IF ANY	TITLE		DATE DeSctorNichots 12-93 ver 1.0