

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-2067-1

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. OIL WELL GAS WELL OTHER: **Water Injection**

2. Name of Operator
Texaco Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of well
UNIT LETTER **B** . **10** FEET FROM THE **North** LINE AND **1330** FEET FROM
THE **East** LINE, SECTION **30** TOWNSHIP **17-S** RANGE **35-E** NMPM.

7. Unit Agreement Name
Central Vacuum Unit

8. Farm or Lease Name
Central Vacuum Unit

9. Well No.
150

10. Field and Pool, or Wildcat
Vacuum, Grayburg-San Andres

11. Elevation (Show whether DF, RT, GR, etc.)
3972' (GR)

12. County
Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____ <input type="checkbox"/>	

17. 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.

SUBJECT WELL COMPLETED SHUT-IN WATER INJECTION EFFECTIVE 12/24/80.
PLEASE BE ADVISED THAT WATER INJECTION COMMENCED 1/22/81.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *J. H. Schuff* TITLE Asst. Dist. Supt. DATE 1/22/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL _____