

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Department of Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-25730
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Texaco Exploration & Production		6. State Oil & Gas Lease No. B-2146
3. Address of Operator 15 Smith Road - Midland, Texas 79705		7. Lease Name or Unit Agreement Name: Central Vacuum Unit
4. Well Location Unit Letter K : 1333 feet from the South line and 2528 feet from the West line Section 36 Township 17S Range 34E NMPM County Lea		8. Well No. 82
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3394' GR		9. Pool name or Wildcat Vacuum Grayburg San Andres

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Repair tubing leak <input checked="" type="checkbox"/>

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01-10-02

RU; pulled tubing; repaired tubing leak; returned to injection.

Packer Type: Nickel-plated LokSet Packer

Packer Setting Depth: 4207'

Perforations: 4340'-4719'

Charted at 560 psi

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

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 03-07-02

Type or print name Laura Skinner Telephone No. 915-687-7355

(This space for State use)

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER
MAR 12 2002

NIGHT

6 AM

NOON

DATE 1-10-02

WELL NAME Control Valve Unit #82

SUPERVISOR Mary Morris

PACKER TYPE 4 1/2" 23" Double Pack Loc. Set Packer

PACKER SETTING DEPTH 4205'

PERFORATIONS 4340' - 4519'

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

CHART PUT ON 2:10 P M

LOCATION CVU #82

REMARKS SEC 6, T17S, R34E

TAKEN OFF 2:13 P M

DATE 1-10-02