

Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30-025-26792
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil / Gas Lease No. 857943
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well No. 148
9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES

SUNDRY NOTICES AND REPORTS ON WELL (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. Type of Well: OIL WELL [] GAS WELL [] OTHER WATER INJECTION WELL
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator 205 E. Bender, HOBBS, NM 88240
4. Well Location Unit Letter P 1310 Feet From The SOUTH Line and 50 Feet From The EAST Line
Section 30 Township 17S Range 35E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.)

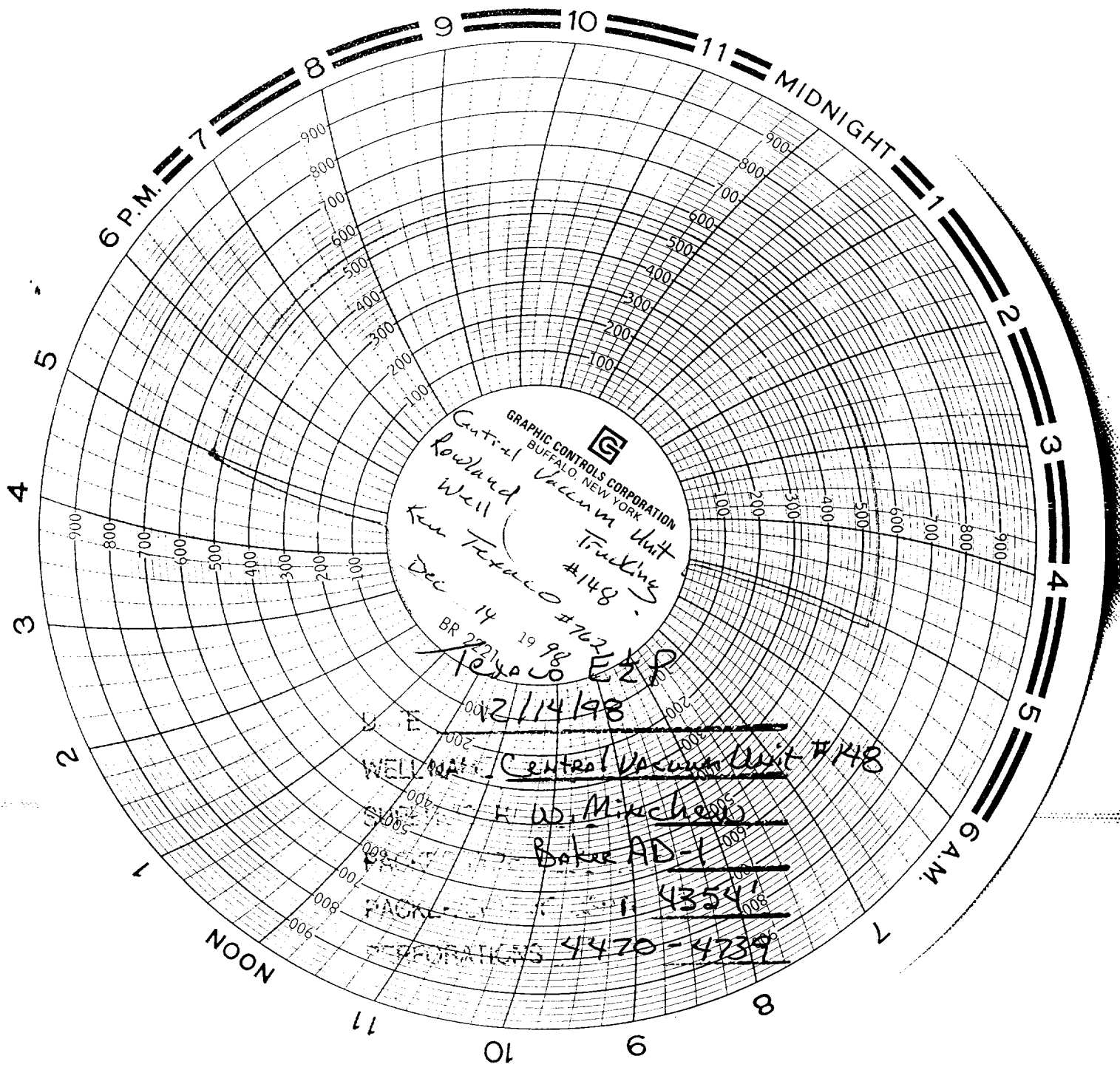
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING []
OTHER: []
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: PERFORMED MIT & RTRN TO INJ []

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.
12-14-98:
1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 4354' AS PER NMOCD GUIDELINES TO 500# FOR 30 MINS. HELD OK.
2. RETURNED TO INJECTION.
(ORIGINAL CHART & COPY OF CHART ATTACHED)
(INTERNAL TEPI STATUS: INJ)

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 1/5/99
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JCS



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Central Vacuum Unit
Rowland Well
Ken Texaco #702
Dec 14 19 98
Texas EEP

2/14/98

WELL DATA: Central Vacuum Unit #148

H. W. Michelson

Baker AD-1

FACON
4354

OPERATIONS 4470-4739