STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

49. 07 (97:E8 SECEIVED	Ī	
DISTRIBUTION		
SANTA FE		
FILE		i
U.S.G.S.		
LAND OFFICE		
OPERATOR	T	T

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088	Form C-103
SANTAFE	SANTA FE, NEW MEXICO 87501	Revised 10-1-78
FILE	SANTA 12, NEW MEXICO 07501	Sa. Indicate Type of Lease
U.S.G.S.		State Tr Fee
LAND OFFICE		5. State Ct. & Gas Lease No.
OPERATOR	J	B-3936
		mmissimm.
SUNDR	LY NOTICES AND REPORTS ON MELLS	
USE "APPLICATI	ION FOR PERMIT -" (FORM C-101) FOR SUCH PASPOSALS.)	7, Unit Agreement Name
1.		
werrwerr	OTHER- Water Injection Well	West Vacuum Unit
2. Name of Operator		
TEXACO Inc.		West Vacuum Unit
3. Address of Serator	22 22 22 22 2000	44
P. O. Box 728, Ho	obbs, New Mexico 88240	10. Field and Pool, or Wildcat
4. Location of **il		Vacuum Grevhurg
UMIT LETTESC	569 FEET FROM THE North THE AND 1980 FEET	FROM San Andres
THE West LINE, SECTION	ON 3 TOWNSHIP 18-3 RANGE 34-E N	MPM. (1)
		12. County
	15. Elevation (Show whether UF, RT, GR, etc.)	
	4041' (DF)	Lea (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Check	Appropriate Box To Indicate Nature of Notice, Report or	r Other Data
NOTICE OF IN	NTENTION TO: SUBSEQU	JENT REPORT OF:
PERFORM REMET AL WORK	PLUG AND ABANDON PEMEDIAL WORK	ALTERING CASING
TEMPORARILY ASANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	other Repair Wate	er Flow x
OTHER		
	CI I a significant dates incl	uding estimated date of starting any proposed
17. Describe Fricosed or Completed Op- work) SEE FULE 1903.	perations (Clearly state all pertinent details, and give pertinent dates, incl	auting commercial and of overland may properly
•		
1. Rigged up. I	Pull tubing & pkr.	
2. Set RBP @ 360	00' & dump 20; San d on plug.	
2 Dangarata E	l' Csg w/2-JSPF @ 1670'.	
1 Sat coment re	etainer @ 1591'. Cement perfs @ 1570' 1	w/600 Sx. Class 'H'
Cement cor	ntaining 2% CaCl. Cement Circulated.	Squeeze w/200 Sx.
Class 'H'	Cement. WOC. DOC. Tested OK.	
5. Install Water	r Injection equipment. Return to Injection	ction.
-		
18. I hereby cerry that the information	above is true and complete to the best of my knowledge and belief.	
		6 h 0a
DIENED / Challer	TITLE Asst. Dist. Mgr.	DAYE 6-4-81
- 		
	A	
	Catholic & St. Virus	DATE