

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-02290
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3936
7. Lease Name or Unit Agreement Name WEST VACUUM UNIT
8. Well No. 40
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Texaco Exploration and Production Inc.	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	
4. Well Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 4 Township 18-S Range 34-E NMPM LEA	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4022' DF	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: REPEAT CASING INTEGRITY TEST <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.	

THE ABOVE INJECTION WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST.

5-14-93

1. NOTIFIED NMOCD OF CASING INTEGRITY TEST.
2. TESTED 5 1/2" CASING FROM SURFACE TO PACKER SET @ 4094' AS PER NMOCD GUIDELINES TO 530# FOR 30 MINUTES, HELD OK.
3. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 6-4-93

TYPE OR PRINT NAME MONTE C. DUNCAN

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN - 7 1993

1. JCB (Casing Integrity Test)

PRINTED IN U.S.A. 9

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