

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. 30-025-23446
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-6002
7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
8. Well No. 131
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3973' GL

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION WELL <input type="checkbox"/>	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 E : 2119 Feet From The NORTH Line and 918 Feet From The WEST Line Section 7 Township 18-S Range 35-E NMPM LEA
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"/>	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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: 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.

PERFORMED CASING INTEGRITY TEST FOLLOWING BRADENHEAD SURVEY BY NMOCD

6-15-93

1. NOTIFIED NMOCD OF CASING INTEGRITY TEST.
2. TESTED 4 1/2" CASING FROM SURFACE TO PACKER SET @ 4337' AS PER NMOCD GUIDELINES TO 560# 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 7-15-93
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

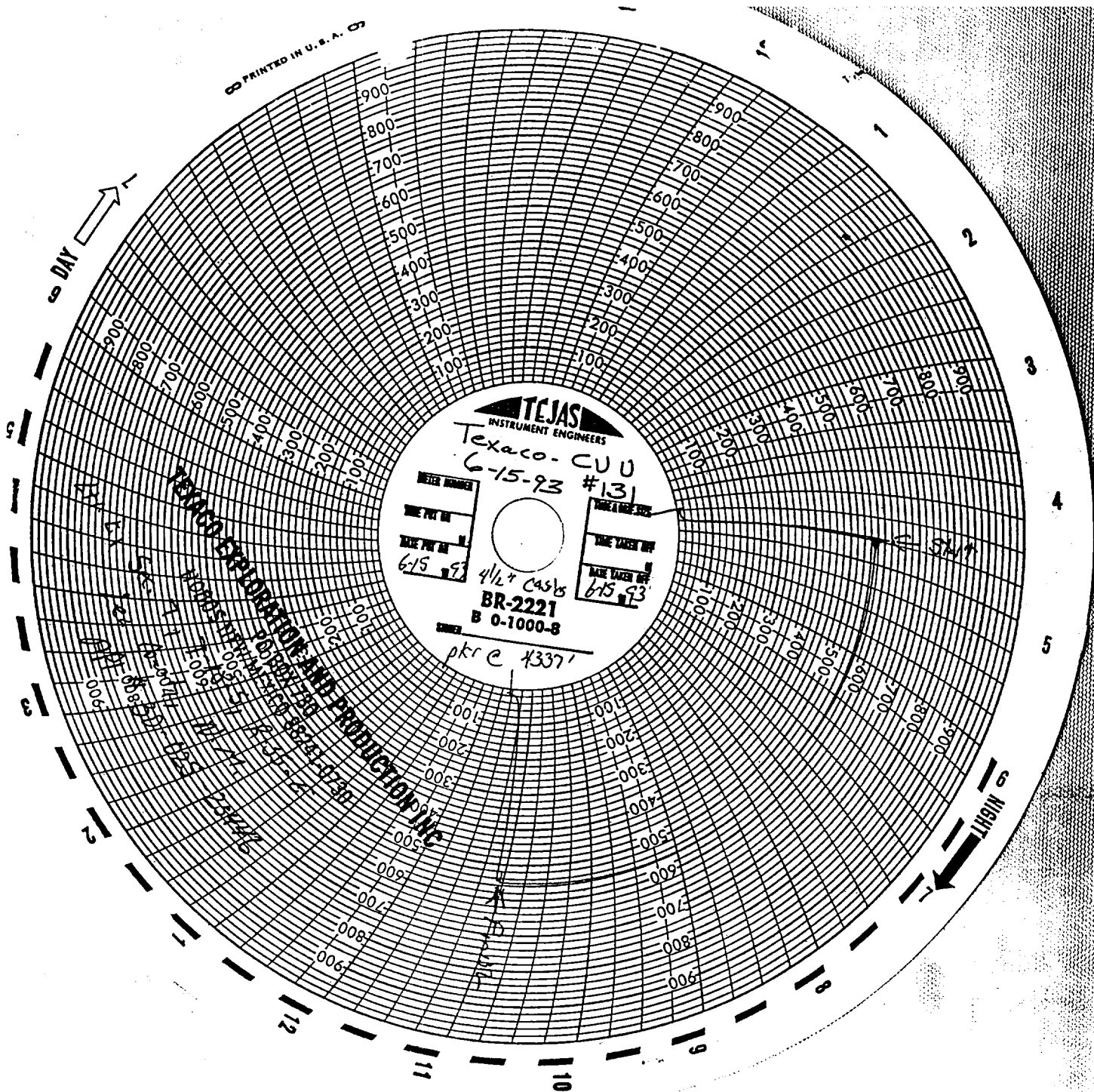
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

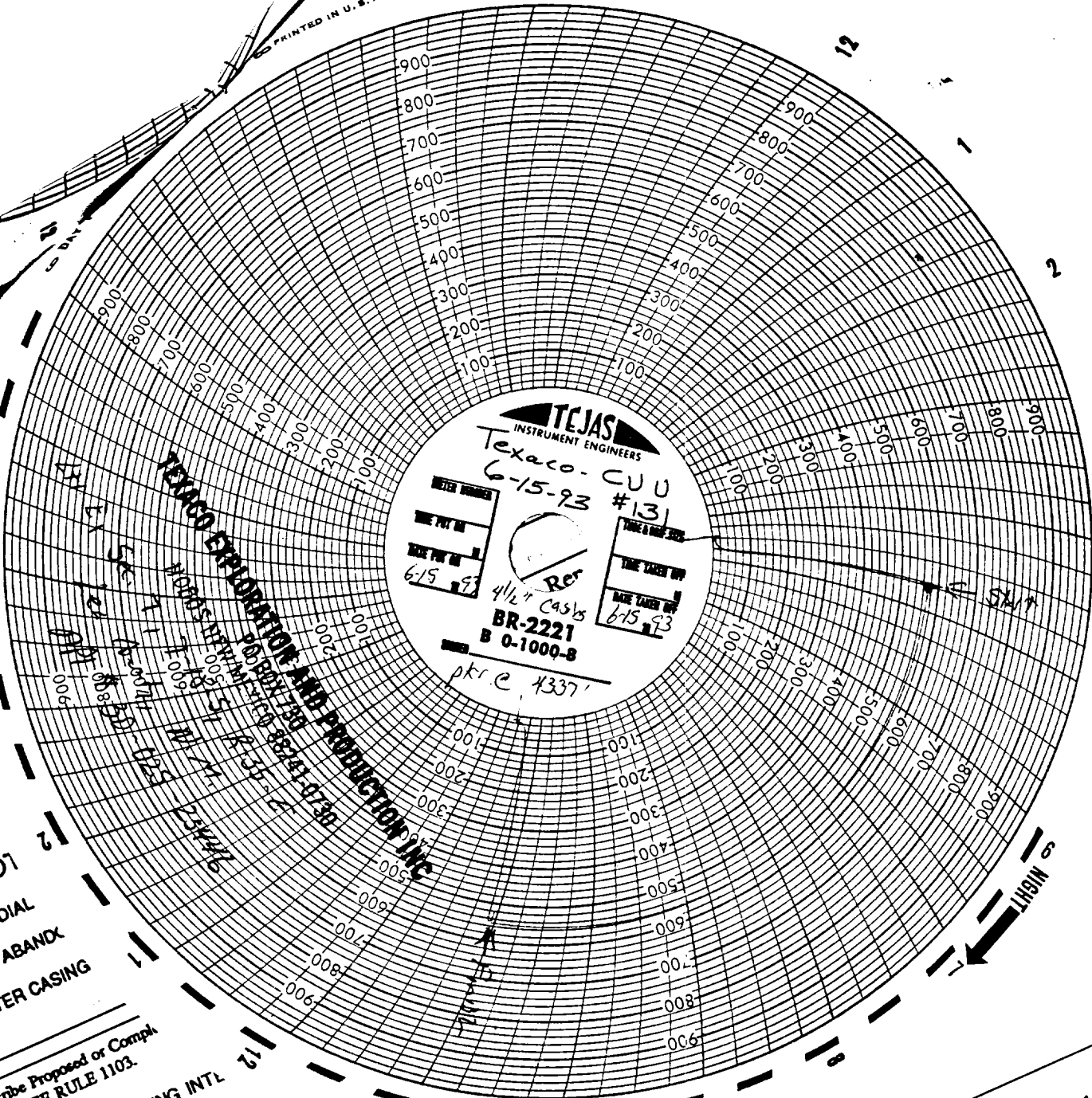
APPROVED BY _____ TITLE _____ DATE JUL 19 1993

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A. 07



PRINTED IN U.S.A. 97



Exploratory
Box 730
Location
Unit Letter E

Section
NO1

PERFORM REMEDIAL
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER:

12. Describe Proposed or Completed
work) SEE RULE 1103.

PERFORMED CASING INTL
6-15-93

1. NOTIFIED NMOCD OF CASING IN
2. TESTED 4 1/2" CASING FROM SU,
30 MINUTES, HELD OK.
3. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON L.

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

DUNCAN

JERRY SEXTON

ENGINEER'S ASSISTANT

DATE 7-15-93
TELEPHONE NO. 2

JUL
DATE