

Submit 3 copies
to Appropriate
District Office

State of New Mexico
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. Box 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.	30-025-24307
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1189-1
7. Lease Name or Unit Agreement Name	VACUUM GRAYBURG SAN ANDRES UT
8. Well No.	30
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4011' GR	

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

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator 205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter K : 2630 Feet From The SOUTH Line and 2630 Feet From The WEST Line
Section 2 Township 18S Range 34E NMPM LEA COUNTY

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 Csg Integrity & Return 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.

11-14-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4227' as per NMOCD guidelines to 500# for 30 mins. Held OK.

2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(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 11/24/97

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

APPROVED BY CHRIS WILLIAMS DISTRICT SUPERVISOR

TITLE

DATE 11/24/97

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

JCTB

6 P.M. = 7

DATE 11-14-97

WELL NAME Vac. Seaboard Sox Andros Unit #309

SURFACE W. M. Nichols

FACTORY AD-1

PACK # 4227

PERFORMANCES 4443-4740

Vacuum Seaboard Sox Andros Unit #309

11-14-97
7749 CO INC
6000 LETTER "K"
5623 TIKS-R34E
406A CO NM

Handwritten signature

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK



BR 2221
19

NOON

11 = MIDNIGHT = 1

