State of New Mexico

-89

Submit 3 copies to Appropriate District Office		Ene. 37, Minerals and N	latural Resources Depart	tr.:ent		Form C-103 Revised 1-1-89
DISTRICT	(OIL CONSERV	ATION DIVIS	SION 1	WELL API NO.	
P.O. Box 1980, Hobbs, NM	88240		Box 2088		30-025-24308	
DISTRICT II			Mexico 87504-2088		Indicate Type of Lease	
P.O. Box Drawer DD, Artesi	a, NM 88210	Santa i e, ivev	WICKIGO 07504 2000		STATE	✓ FEE
DISTRICT III	NIM 07440				6. State Oil / Gas Lease No.	00.4
1000 Rio Brazos Rd., Aztec		CEC AND DEDODIE	2N114/E11 C		B-11	89-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOTUSE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.					7. Lease Name or Unit Agreement VACUUM GRAYBURG SAN A	
1. Type of Well: OIL WELL	— GAS WELL	-	R INJECTION			
2. Name of Operator					8. Well No. 16	
TEXACO EXPLORATION & PRODUCTION INC.						
3. Address of Operator	205 E. Bender	r, HOBBS, NM 88240			Pool Name or Wildcat VACUUM GRAYBURG S.	AN ANDRES
4. Well Location		1400 Frak Fram Th	e SOUTH Line and 1	300	Feet From The FAST	Line
Unit Letter						-
Section2		Township 18S	Range34E	NM	PM LEA	COUNTY
January 1		10. Elevation (Show whether	r DF, RKB, RT,GR, etc.)	4013' DF		
11.	Check Ap	propriate Box to India	cate Nature of Notice,	, Report,	or Other Data	
NOTICE OF	INTENTIO	N TO:		SU	BSEQUENT REPORT	OF:
		PLUG AND ABANDON	REMEDIAL WOF	RK	✓ ALTERING CASIN	NG · :
PERFORM REMEDIAL WOR		CHANGE PLANS	COMMENCE DR	RILLING OPE	RATION PLUG AND ABAN	DONMENT
TEMPORARILY ABANDON		.	CASING TEST A	AND CEMEN	TJOB	
PULL OR ALTER CASING			OTHER:		REPAIR TUBING LEAK	~
OTHER:						
12. Describe Proposed or Oproposed work) SEE R		rations (Clearly state all p	ertinent details, and give p	pertinent da	ates, including estimated date o	f starting any
4-12-00: NOTIFIED NMO	CD. PKR SET	@ 4388. PERFS 4428-4 7	42. TEST TO 500# FOR :	30 MIN-OK	C. 140 JTS DUAL LINE 20 2 3/8	" 8RND EUE.
ORIGINAL CHART AND C	OPY OF CHAP	RT ATTACHED				
ORIGINAL CHART AND C	OF LOI CHAI	VI ATTAOTIED.				
	_	10				
I hereby certify that the ipromation above	ers inve and complete to	the best of my knowledge and belief.				

I hereby certify that the information above is the and complete to the set of my knowledge at SIGNATURE		Engineering Assistant		DATE 4/20/00	
TYPE OR PRINT NAME J. Denise Leake	<u> </u>	<u> </u>	· - ·	Telephone No. 397-040	05
(This space for Stale Use)					
APPROVED BYNDITIONS OF APPROVAL IF ANY: TITLE		हेर्न -	_DATE_	DeSato/Nichols 12-93 ver 1.0	

