State of New Mexico

Form C-103

Submit 3 copies to Appropriate District Office	Energy, Minerals and Na	tural Re	sources Department		Revised 1	
DISTRICT I	OIL CONSERVA	ATIC	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM				WELE FUTTION	30-025-24308	
DISTRICT II	Santa Fe New I			5. Indicate Typ		
P.O. Box Drawer DD, Artesia DISTRICT III	, NM 88210					Ε 📗
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / G	as Lease No. B-1189-1	
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.)						
					or Unit Agreement Name RAYBURG SAN ANDRES UT	
1. Type of Well: OIL GAS OTHER INJECTION WELL						
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8, Well No.	16	
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240				9. Pool Name o VACU	r Wildcat UM GRAYBURG SAN ANDRES	
4. Well Location Unit Letter 1 : 1400 Feet From The SOUTH Line and 1300 Feet From The EAST Line						
Section <u>2</u>	Township 18S		ange 34E NM	IPM	LEA_ COUNTY	
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4013' DF						
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF	INTENTION TO:		SU	IBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WOR	- DULIC AND ADAMOON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	Π̈́		CASING TEST AND CEMEN	T JOB		
OTHER:		_ 🗆	OTHER: REPLA	CED INJECTION	PACKER & TESTED CSG	
12. Describe Proposed or C work) SEE RULE 1103.	ompleted Operations (Clearly state all pertine	ent details	s, and give pertinent dates,	including estim	ated date of starting any propos	ed
1/10/95						
1. RELEASED INJECTION	N PACKER & TOH W/ PACKER & 2 3/8" PL	ASTIC (COATED INJECTION TUE	BING.		
2. TIH W/ NEW 4 1/2" AD-1 PACKER & 2 3/8" INJECTION TUBING, CIRCD HOLE W/ PKR FLUID & SET PACKER @ 4383'.						
3. TESTED 5 1/2" CASING	AS PER NMOCD GUIDELINES TO 560#	FOR 30	MIN, HELD OK.			
4. RETURNED WELL TO	INJECTION.					
(ORIGINAL CHART SU	BMITTED TO NMOCD, COPY OF CHART (ON BAC	Ю			
I hereby certify that the information above	is true and complete to the best of my knowledge and beset.	Engr	Asst		DATE 1/23/05	

