## State of New Mexico

Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

Energy,

erals and Natural Resources Department

Form C-103
Revised 1-1-8

District Office					Revised 1-1-89
DISTRICT I		OIL CONSERV	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-025-24312	
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease	FEE [
DISTRICT III	. NIM 97410			6. State Oil / Gas Lease No.	<u>-</u>
1000 Rio Brazos Rd., Azte		CES AND REPORTS (	ON WITH	B-1306-	1
(DO NOT USE THIS FO	RM FOR PROPC RENT RESERV	7. Lease Name of Ont Agreement			
1. Type of Well: OIL	(FORM C-1	VACUUM GRAYBURG SAN AND	RESUT		
WELL	U WELL	U OTHER WATE	R INJECTION WELL	0.144-1141-	
2. Name of Operator	TEXACO EXPL	8. Well No.			
3. Address of Operator	205 E. Bender,	HOBBS, NM 88240		9. Pool Name or Wildcat VACUUM GRAYBURG SAN	ANDRES
Well Location     Unit Letter	1 . 2	e630 Feet From The	SOUTH Line and 2630		ine
Section 1		Fownship 18S	Range34E		
<u> </u>		•	ner DF, RKB, RT,GR, etc.) 4011' K	·	ONT
11.					
	• •	•	ate Nature of Notice, Rep	·	\ <b>r</b> .
NOTICE OF	_ ~		_	SUBSEQUENT REPORT C	л-: —
PERFORM REMEDIAL WOR	` Ц	LUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON		HANGE PLANS	COMMENCE DRILLING		NMENT [
PULL OR ALTER CASING			CASING TEST AND CEN	MENT JOB	
OTHER:			LJ OTHER:		
12. Describe Proposed or any proposed work) S.		ations (Clearly state all	pertinent details, and give perti	nent dates, including estimated date	of starting
4/30/96 - 5/3/96					
1. MIRU, INSTALLED BOR	P, TOH W/ INJEC	CTION TUBING. TAGGE	D FILL @ 4180', CLEANED OUT	TO 4799' (PBTD) & CIRCD CLEAN.	
2. SET TREATING PKR @ AIR = 3 TO 4 BPM. SI	9 4132', TSTD C I HR. TOH W/ P	SG TO 500#, OK. ACIDIZ KR. SDON.	ZED PERFS FROM 4242'-4792' \	V/ 7100 GALS 15% NEFE HCL, MAX	P = 4000#,
			COATED INJ TBG. CIRCD HOLE SED BY MR. BUDDY HILL OF TI	EW/ PKR FLUID, SET INJECTION PH HE NMOCD.	(R @ 4077'.
4. RETURNED WELL TO	INJECTION.				
(ORIGINAL CHART ATTAI (INTERNAL TEPI STATUS					
OPT 5-13-96 INJECTING 1	1193 BWPD @ 1	257 PSI			
I hereby certify that the information ab-	re is true and complete t	o the best of my knowledge and belie	f.		
SIGNATURE To	& Sm		Engr Asst	DATE	/96
TYPE OR PRINT NAME	Mon	te C. Duncan		Telephone No. 3	397-0418
(This space for State Use)					
APPROVED BY	** -	THE	The Constitution of the Co	DATE J.	<b>i</b> 3 :

