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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-3011-1</b>
7. Unit Agreement Name <b>Vacuum Grayburg San Andres Unit</b>
8. Farm or Lease Name <b>Vacuum Grayburg San Andres Unit</b>
9. Well No. <b>29</b>
10. Field and Pool, or Wildcat <b>Vacuum Grayburg San Andres</b>
12. County <b>Lea</b>

**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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Injection</b>
2. Name of Operator <b>TEXACO Inc.</b>
3. Address of Operator <b>P.O. Box 720 - Hobbs, New Mexico 88240</b>
4. Location of Well UNIT LETTER <b>E</b> , <b>2630</b> FEET FROM THE <b>North</b> LINE AND <b>1310</b> FEET FROM THE <b>West</b> LINE, SECTION <b>2</b> TOWNSHIP <b>18-S</b> RANGE <b>34-E</b> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4010' DF</b>

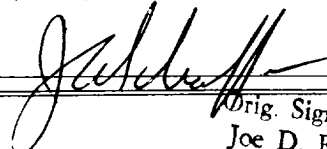
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Convert to Injection</b>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Converted subject well to injection 1-14-73.

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

SIGNED 	TITLE <b>Asst. District Supt.</b>	DATE <b>1-15-73</b>
APPROVED BY <b>Orig. Signed by Joe D. Ramey Dist. I, Supv.</b>	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: