

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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. 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.	3002524323
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-1080-1
7. Lease Name or Unit Agreement Name	Vacuum Grayburg San Andres Unit
8. Well No.	33
9. Pool name or Wildcat	Vacuum Grayburg San Andres

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection	
2. Name of Operator Texaco Producing Inc.	
3. Address of Operator P.O. Box 730, Hobbs, NM 88240	
4. Well Location Unit Letter <u>E</u> : <u>2630</u> Feet From The <u>North</u> Line and <u>1310</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>18S</u> Range <u>34E</u> NMPM Lea Country	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3993' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

09-04-90 thru 09-13-90

- 1) MIRU PU. Installed BOP. TOH w/pkr & tbg. TIH w/bit & WS. C.O to 4790' PBTD.
- 2) TOH w/ bit. RU Rotary WL. Perf 4.5 csg w/2 JSPF @ 4274,77,85,4321,23,33,35,47,51,61,63,72,78,80,84,88,4401,04,65,4475'. 20 Intervals-40 holes.
- 3) P/300 gals 4% NA Perborate & 900 gal 15% NEFE w/55 gals Mutual Solvent. SI 1 hr.
- 4) A/perfs 4274-4722' w/5100 gals 15% NEFE 3000 lbs RS & 75 1.3 Sp Grav BS's in 3 stgs Max P-2100#. Min P-900#. AIR 4.1 BPM. ISIP-1100#. 15 min-950#.
- 5) Backflow well. Cir hole. TOH laying dn WS.
- 6) TIH w/2.375 IPC tbg & inj pkr. Cir pkr fld. PSA 4161'. Test csg to 300 psi.
- 7) Returned to inj.

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 10-05-90

TYPE OR PRINT NAME R. B. DeSoto

TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 11 1990

CONDITIONS OF APPROVAL, IF ANY: