State of New Mexico

Energy, Minerals and Natural Resources Department

ONSERVATION DIVISION

Sui mit 3 copies o Appropriate District Office	OIL CONSERVATION
DISTRICT DISTRICT 1980, Hobbs, NM 88240	

WELL API NO. 30-025-24328 FEE [] 5. Indicate Type of Lease State Oil / Gas Lease No.

+01111 ~ Revised 1-1-89

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Drawer DU,	Aire
O.O. Box Drawer DU,	, Aztec, NM 87410
DISTRICT III	Artec, NM 8/4.
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o Appropriate O Appropriate District Office	OIL	P.O. Box 2089 Santa Fe, New Mexic	87504-2088	6. State Oil / Gas Leas	B-1189-1	1
DISTRICT I NO Hobbs, N	M 88240	Santa Fe, New Mexic		6. State on	Name	٦
DISTRICT I P.O. Box 1980, Hobbs, N DISTRICT II P.O. Box Drawer DD, Ar	2021()			7. Lease Name or U	nit Agreement Name	1
DISTRICT IN DO. Ar	(esia)	TOTS ON W	ELL OR PLUG BACK TO A	VACUUM GRAYBL	Init Agreement The JRG SAN ANDRES UT	1
P.O. Box Drawo. DISTRICT III 1000 Rio Brazos Rd., A	ztec, NM 87410	AND REPORTS DEEP	R PERMIT"	1		
1000 Rio Brazos Hus	SUNDRY INCOPOSAL	USE "APPLICATION USE "APPLICATION PROPOSALS.)	1,110	15	
DO NOT USE THIS	OFFERENT RESERVED	FOR SUCITION	ELL EN OR PLUG BACK TO A R PERMIT"	8. Well No.	The state of the s	
1				9. Pool Name or V	Nildcat M GRAYBURG SAN ANDRES	
1. Type of Well:	MELT METT	RATION & PRODUCTION	NC.			
2. Name of Operator	TEXACO EXPLO	RATION 88240		Feet From The	LEA COUNTY	
	- Render, t	40BBS, NM 88240	COUTH _ Line and _2450		LEA	
3. Address of Opera		Foot From The	SOUTH Line and 2450 Range 34E	NMPM		
" Location		140	(\u.\)		Data	
) Our		Township 185	ner DF, RKB, RT,GR, etc.) 40	Report, or Other I	ENT REPORT OF:	
1 .	2	-mi-intion (3110)	c Moticity	-011	-1/11 1/	

1010	TEXACO EXPLOSION NIM 88240		Feet From The	
Name of Operator	205 E. Bender, HOBBS, NM 88240	Line and _2450)	LEA CO
Address of Operator	205 E. Bender,	ne SOUTH Line and 2450	NMPM	
The second secon	1400 Feet From 11	Range 34E		
Well Location	hin 185	BT.GR, etc.) 4	009' GR	nata
NUIL FELLS.	Township (Show Wh	nether DF, RKB, MI	Report, or Other L	NT REPORT
Section _	2 10. Elevation (Jile	nether DF, RKB, RT,GR, etc.) 4	Report, or Other L SUBSEQUE	ALTERING CASIN
	ariate Box to Ir	Idicare		ALTERINO
	4 - Ar(1)110C	1		011111111111111111111111111111111111111

Box to Indicate Nature of Notice, Report, or Other Data

11 20-	Unit Letter	Tov	inship 183	Sar DE, RKB, F	RT,GR, etc., 400	or Other	Data	DT (
	Section 2		Elevation (Show wheth	ner b	of Notice,	Report, or on	ENT REPO	K1 5
	Section), Eleve	icate Natur	e or res	Report, or Other SUBSEQU	ALTERING C	ASING
		. ^ 2000	opriate Box to Ind	. \		ــا 	PLUG AND	ABAND
	C	heck Apply	~~·	\neg	REMEDIAL WOR	OPERATION E	7 , , , ,	
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	NOTICE OF INT	I PI	UG AND ALL	LI '	CASING TEST	DEREORMED MI	10112	
	A DEMEDIAL WORK		HANGE PLANS			PEINT	. ding estim	nated
-250	RM REMEDIAL WORK		HANGE PLANS		OTHER:	PENIO	including estim	iate

PLUG AND ABANDONMENT PERFORMED MIT & RETURNED TO INJECTION PERFORM REMEDIAL WORK

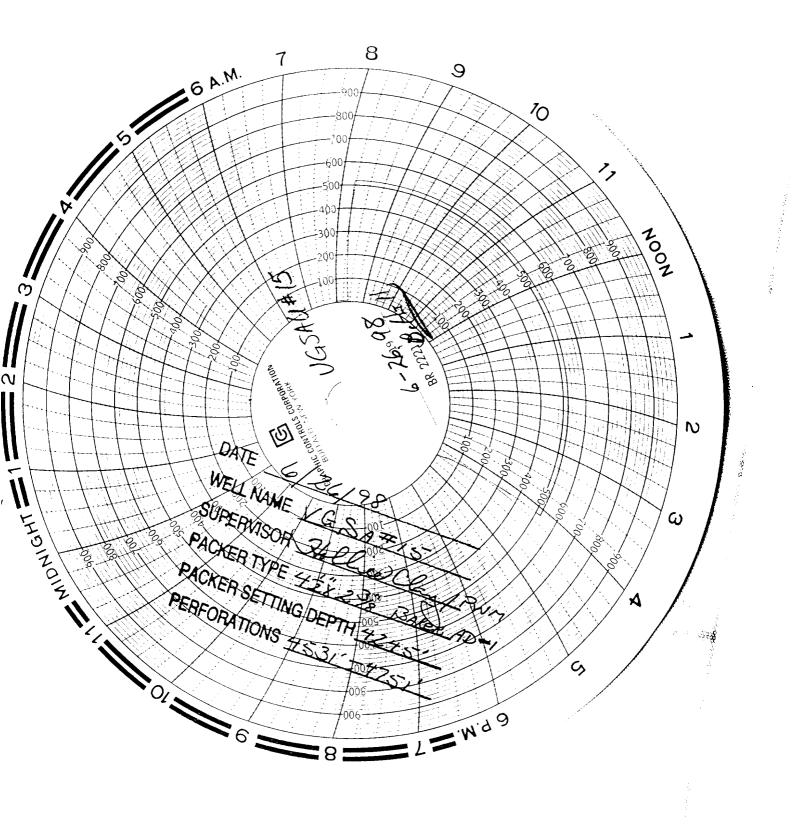
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

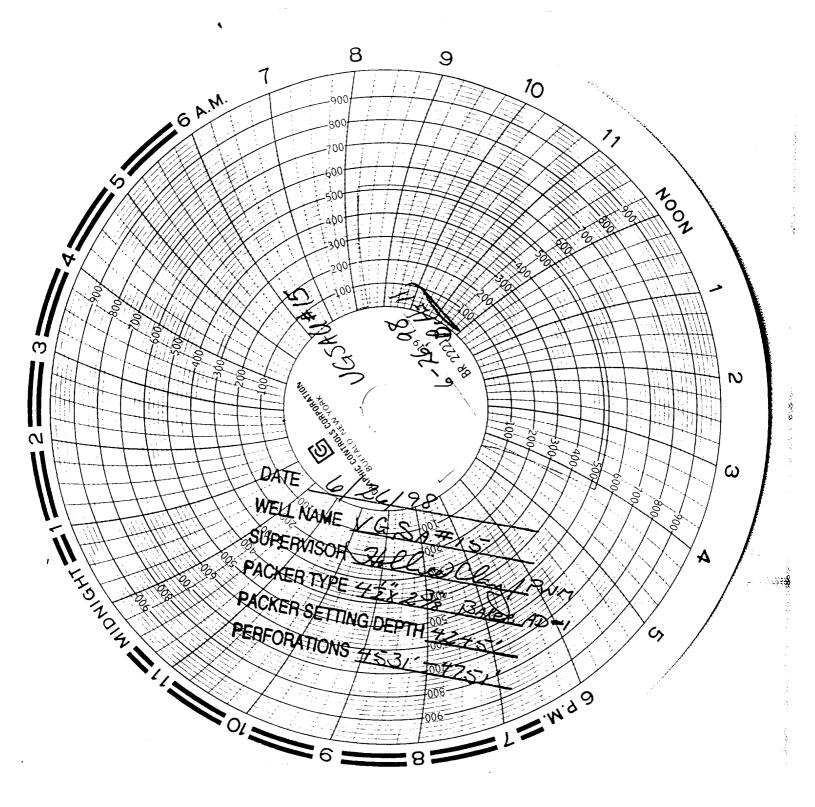
1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 4245 AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK 4-13-98

(ORIGINAL CHART ATTACHED AND COPY OF CHART ON BACK) 2. RETURNED TO INJECTION.

INTERNAL TEPI STATUS: INJ

		_		DATE 7/21/
2		ana Assist	ant	Telephone No. 3
Thereby certify that the information above to true and complete to say best of the knowledge of the certify that the information above to true and complete to say best of the knowledge of the certify that the information above to true and complete to say best of the knowledge of the certific that the information above to true and complete to say best of the knowledge of the certific that the information above to true and complete to say best of the knowledge of the certific that the information above to true and complete to say best of the certific that the information above to true and complete to say best of the certific that the information above to the certific that	ge and belief.	gineering Assist		(6)07
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Grate Use _ ON A STANDED SUFFERING				
(This space to S. C. This				
APPROVED BY APPROVAL, IF ANY				
TYPE OR PRINT NAME (This space for State Use) OFFICINAL SIGNED BY CHAIS OFFI APPROVED BY CONDITIONS OF APPROVAL, IF ANY:				





Submit 3 conies

State of New Mexico

Submit 3 copies to Appropriate District Office	ergy, Minerals	and Natural Resources Department	Form C-103 Revised 1-1-
DISTRICT I P.O. Box 1980, Hobbs, NA	OIL CONSE	WELL API NO.	
DISTRICT II	F 68240	30-025-24328	
P.O. Box Drawer DD, Artes	ia, NM 88210 Santa Fe,	New Mexico 87504-2088	5. Indicate Type of Lease STATE ☑ FEE [
DISTRICT III			6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Azter	c, NM 87410		B-1189-1
(DO NOT USE THIS FOR	JNDRY NOTICES AND REPOR RM FOR PROPOSALS TO DRILL O RENT RESERVOIR. USE "APPLIC (FORM C-101) FOR SUCH PR	R TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT"	7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UT
Type of Well: OIL WELL	☐ GAS ⊠ OTHER	NJECTION	
2. Name of Operator	TEXACO EXPLORATION & PROD	UCTION INC.	8. Well No. 15
3. Address of Operator	205 E. Bender, HOBBS, NM 88240)	9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location			
Unit Letter	J : 1400 Feet From	m The <u>SOUTH</u> Line and <u>2450</u>	
Section 2	Township 18S	_	APMLEA_ COUNTY
	10. Elevation (Show	whether DF, RKB, RT,GR, etc.) 4009' GR	
11.	Check Appropriate Box to	Indicate Nature of Notice, Repor	t, or Other Data
NOTICE OF I	NTENTION TO:	SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	CHICAND ADANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
•	CHANGE PLANS	COMMENCE DRILLING OPI	ERATION T PLUG AND ABANDONMENT [
TEMPORARILY ABANDON			
PULL OR ALTER CASING OTHER:		CASING TEST AND CEMEI	ORMED MIT & RETURNED TO INJECTION
12. Describe Proposed or C any proposed work) SE		te all pertinent details, and give pertine	nt dates, including estimated date of starting
4-13-98		4190-	4220
1. NOTIFIED NMOCD. TES	STED CSG FROM SURFACE TO P	ACKER SET @ 4245 AS PER NMOCD (GUIDELINES TO 500# FOR 30 MIN. HELD OK.
2. RETURNED TO INJECT	TION.		
(ORIGINAL CHART OR CO	PY OF CHART ON BACK)	•	
INTERNAL TEPI STATUS:	INJ		
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TYPE OR PRINT NAME

HHLE Engineering Assistant

Telephone No. 397-0405

DATE <u>4/24/98</u>

DATE

