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. Box 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. 3002524332

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil / Gas Lease No. 857948

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.)

7. Lease Name or Unit Agreement Name: VACUUM GRAYBURG SAN ANDRES UT

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER Trject

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

8. Well No. 4

3. Address of Operator: 205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat: VACUUM GRAYBURG SAN ANDRES

4. Well Location

Unit Letter M : 220 Feet From The SOUTH Line and 100 Feet From The WEST Line

Section 1 Township 18S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPERATION	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Performed Csg Integrity & return to Inj	[X]		

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.

11-07-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4410' as per NMOCD guidelines to 500# for 30 mins. Held OK.

2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 11/24/97

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

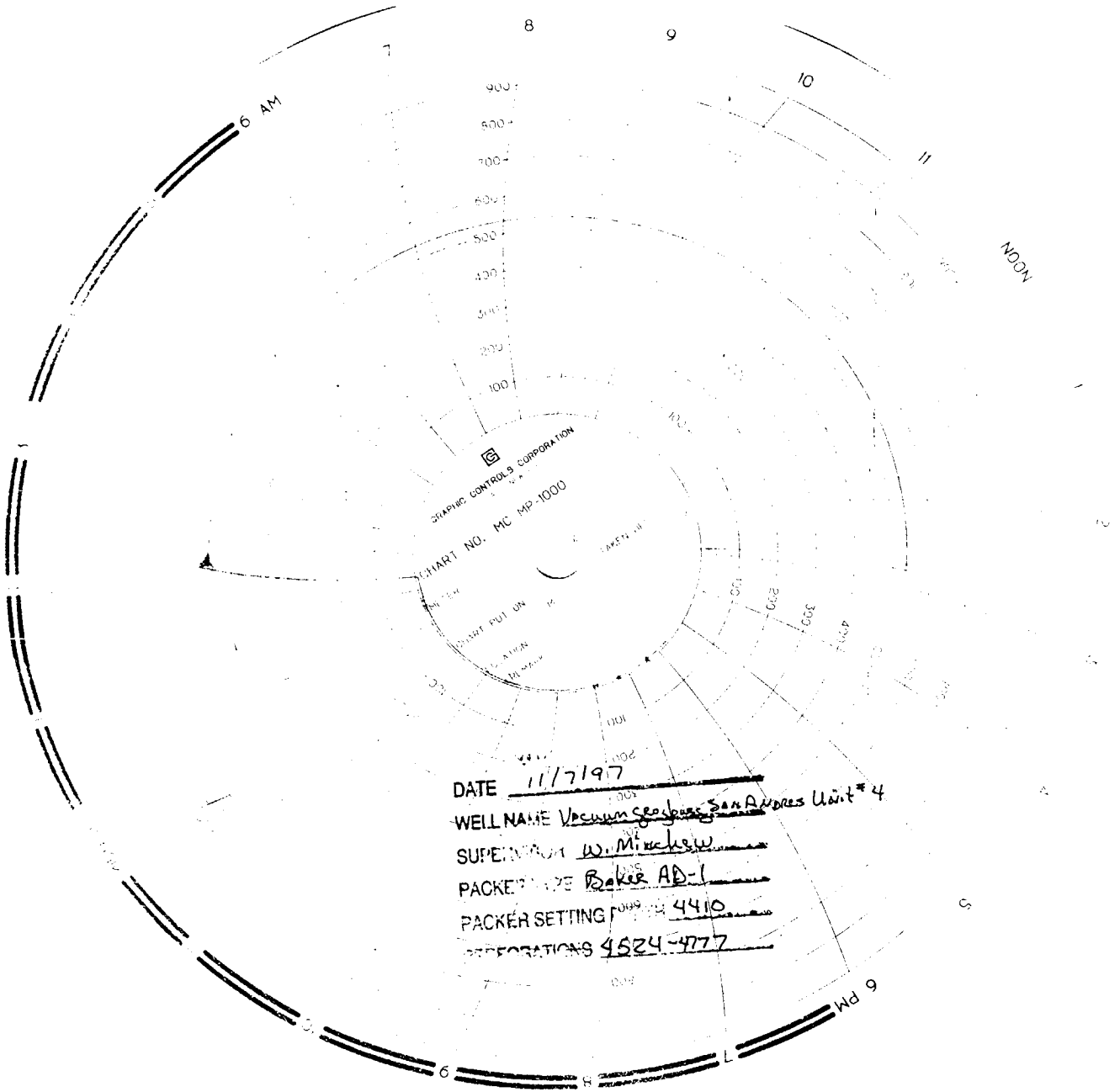
(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

JGB cw


6 AM
7
8
9
10
11
NOON
6 PM
GRAPHIC CONTROLS CORPORATION
CHART NO. MC MP-1000
DATE 11/7/97
WELL NAME Vacuum Grayburg San Andres Unit #4
SUPERVISOR W. Mitchell
PACKER TYPE Baker AD-1
PACKER SETTING DEPTH 4410
PERFORATIONS 4524-4777

GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
CHART NO. MC MP-1000
METER
CHART PUT ON
TAKEN OFF
LOCATION
REMARKS
DATE 11/7/97
WELL NAME Vacuum Grayburg San Andres Unit # 4
SUPERVISOR W. Michaelis
PACKER TYPE Baker AD-1
PACKER SETTING DEPTH 4410
PERFORATIONS 4324-4777
NOON
6 PM