## Submit 3 copies to Appropriate District Office

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Ene. Minerals and Natural Resources Department Form C-103 Revised 1-1-89

District Office			11011304 1-1-09
DISTRICT I	OIL CONSERV	ATION DIVISIO	N WELL API NO.
P.O. Box 1980, Hobbs, NM	88240	ox 2088	30-025-24363
P.O. Box Drawer DD, Artesia	Santa En Now	Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	1, INIVI 662 FO		STATE X FEE
1000 Rio Brazos Rd., Aztec,	NM 87410		6. State Oil / Gas Lease No. B-3011-1
	NDRY NOTICES AND REPORTS O	N WELL	2 30/1-1
	I FOR PROPOSALS TO DRILL OR TO I ENT RESERVOIR. USE "APPLICATION	O A 7. Lease Name or Unit Agreement Name	
DIFFER	(FORM C-101) FOR SUCH PROPOS		VACUUM GRAYBURG SAN ANDRES UNIT
1. Type of Well: OIL WELL	GAS CONTRACTOR	R INJECTION	
	WELL OTHER WATER	R INJECTION	8. Well No.
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			45
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat
			VACUUM GRAYBURG SAN ANDRES
4. Well Location	C : 1310 Foot From The	NORTH Line and 2530	Feet From The WEST Line
Unit Letter			-
Section 2	Township 18S	Range <u>34E</u>	NMPMLEA_ COUNTY
	10. Elevation (Show whether	er DF, RKB, RT,GR, etc.) 4016	S' GR
11.			
	Check Appropriate Box to Indica	ate Nature of Notice, R	•
NOTICE OF IN	NTENTION TO:		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	CO VIMENCE DRILLIN	IG OPERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB
OTHER:	· · · · · · · · · · · · · · · · · · ·	🔲   ОТ (ER:	
<ol> <li>TIH W/ 4 1/2" TREATING 5,000 GALS 20% NEFE H</li> <li>RELEASED &amp; TOH W/ PF SET INJ PKR @ 4240". T</li> <li>RETURNED WELL TO IN OPT 8-26-96 INJECTING 12</li> </ol>	ICL. MAX P = 5387#, AIR = 1 BPM. FLU  KR. TIH W/ 4 1/2" AD-1 INJ PKR ON 130 ESTED CSG TO 530# FOR 30 MINS, HE  IJECTION.  B BWPD @ 1698 PSI  HED, COPY OF CHART ON BACK)	LOADED CSG TO 500#, SHED HOLE W/ NITROGEN	OK. ACIDIZED PERFS FROM 4433'-4756' W/ N. FLOWED BACK LOAD. SION
I hereby certify that the information above SIGNATURE  TYPE OR PRINT NAME  (This space for State Use)	is true and complete to the best of my knowledge and belief.  TITLE  Monte C. Duncan	Engr Asa::	DATE 10/3/96  Telephone No. 397-0418
APPROVED BY	FILLE SEPT ITTLE		DATE DATE
ACCIOVED DI			DAIL

\_\_TITLE\_

\_DATE\_

