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CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

rals and Natural Resources Department

Form C-103

District Office	Lineigy, ii	idis dila Hatalai i	resources Department	Re	evised 1-1-89
DISTRICT I	OIL CON	SERVATI	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Box 2088				30-025-25711	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease	
DISTRICT III				STATE 🖸	FEE
1000 Rio Brazos Rd., Aztec, NM	87410	_		6. State Oil / Gas Lease No. B-1113-1	
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 Nam	ne
1. Type of Well: OIL GAS OTHER CO2 INJECTION WELL					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No. 100	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or Wildcat	
4. Well Location				VACUUM GRAYBURG SAN AN	DRES
Unit LetterF			TH Line and 2544	Feet From The WEST Line	
Section 6	Township 18S		Range <u>35E</u> NM	MPM LEA_ COUN	TY
	10. Elevation (S	how whether DF, RI	(B, RT,GR, etc.) 3972' GR		
		to Indicate Na	ture of Notice, Report	t, or Other Data	
NOTICE OF INTER	NTION TO:		SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANI	оои 🗆	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION PLUG AND ABANDONME	ENT 🔲
PULL OR ALTER CASING		_	CASING TEST AND CEMEN	IT JOB 🔲	
OTHER:		□	OTHER:	MECHANICAL INTEGRITY TEST	🗆
<ol> <li>Describe Proposed or Complet any proposed work) SEE RULE</li> </ol>	ted Operations (Clearly E 1103.	state all pertinent	details, and give pertiner	nt dates, including estimated date of	starting
12-29-98:					
1. NOTIFIED NMOCD. TESTED O	CSG FROM SURFACE T	O PACKER SET (	@ 4225' AS PER NMOCD (	GUIDELINES TO 500# FOR 30 MINS. F	HELD OK
2. (PKR FAILED. KILL WELL & PU					
3. RETURNED TO CO2 INJECTIO	DN.				
(ORIGINAL CHART & COPY OF C	HART ATTACHED)				
(INTERNAL TEPI STATUS: INJ)	,				
(****=*********************************					
I hereby certify that the information above is true and	d complete to the best of my knowle	=			
SIGNATURE GOVERNOUS	Nake	_ TITLE _ Engin	eering Assistant	DATE 1/14/99	
TYPE OR PRINT NAME	J. Denise Leake			Telephone No. 397-0	405

\_TITLE\_

DATE\_

