## 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	OIL CONSERVATION	ON DIVISION	<u></u>	1-1-09
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		WELL API NO.	
Santa Fe, New Mexico 87504-2088			30-025-25712 5. Indicate Type of Lease	
P.O. Box Diawer DD, Artesia, NW 00210			STATE STATE	FEE [
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.	
	TICES AND REPORTS ON WEL		857943	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
	RVOIR. USE "APPLICATION FOR P C-101) FOR SUCH PROPOSALS.)	ERMIT	CENTRAL VACUUM UNIT	
1. Type of Well: OIL GAS WELL OTHER				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 101	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat	
4. Well Location			VACUUM GRAYBURG SAN ANDR	ES
Unit Letter <u>G</u> :	1410 Feet From The NORT	H Line and 1336	Feet From The <u>EAST</u> Line	
Section 6	Township 18S R	ange 35E NM	IPMLEA_ COUNTY	,
	10. Elevation (Show whether DF, RK	B, RT,GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTIO	N TO:	l su	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMEN	
PULL OR ALTER CASING	_	CASING TEST AND CEMEN	NT JOB	
OTHER:		OTHER: REPA	AIRED INJ PACKER & TESTED CASING	
<ul><li>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.</li><li>1/25/97</li></ul>				
1. MIRU. RELEASED INJECTION PKR	8 TOWWINI FOUR	$\bigcap$		
2. TIH W/ 2 3/8" RICE DUO-LINE TUBING STRING AND 4 1/2" REPAIRED AD-1INJ PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 4319'.				
<ul> <li>3. TESTED 4 1/2" CASING FROM SURFACE TO PKR SET @ 4319' AS PER NMOCD GUIDELINES TO 600# FOR 30 MINUTES, HELD OK.</li> <li>4. RETURNED WELL TO INJECTION.</li> </ul>				
(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)				
(INTERNAL TEPI STATUS REMAINS:	INJ)			
		•		
SIGNATURE That the Information above is true and comple	ste to the best of my knowledge and belief.  TITLE Engr.	Asst	DATE 2/3/97	
TYPE OR PRINT NAME MO	onte C. Duncan		Telephone No. 397-04	18
(This space for State Use)			TQ #4	4 4 4 4
APPROVED BY	TITLE		DATE	

TITLE\_

CONDITIONS OF APPROVAL, IF ANY:

\_DATE\_\_

