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 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 8824U P.O. Box 2088 30-025-25796 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-113-1 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) **CENTRAL VACUUM UNIT** 1. Type of Well: OAS T WELL OTHER WATER INJECTION 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 106 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 **VACUUM GRAYBURG SAN ANDRES** 4. Well Location : 2520 Feet From The NORTH 1040 Feet From The WEST Line and Line County Township 18-S Range 35-E **NMPM** LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3972' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: ADD PAY AND ACIDIZE FORMATION X OTHER: 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. 1. MIRU, TOH W/ INJ EQUIP. C/O TO PBTD OF 4765'. 2. PERF 4 1/2" CSG W/ 2 JSPF FR 4238'-4416' (13 INT, 26 HLES). 3. SET PKR @ 4200' & TEST CSG FOR LEAK. IF LEAK FOUND, ISOLATE & SQZ. 4. AT 4750' SPT 350 GALS 20% HCL NEFE, SET PKR @ 4200', SQZ 350 GALS 20% HCL NEFE INTO FORMATION. SET PKR @ 3580' & LOAD BACKSIDE. 5. A/ FORMATION W/ 9000 GALS 20% HCL NEFE @ 3-4 BPM. 6. RETURN WELL TO INJECTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ENGINEER'S ASSISTANT DATE 10-5-93 SIGNATURE TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191 Orig. Signed by Paul Kautz (This space for State Use) DATE OCT 0 8 1993 Geologist APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: