## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| · · · · · · · · · · · · · · · · · · · |   |  |
|---------------------------------------|---|--|
| me. 47 taries heccives                |   |  |
| DISTRIBUTION                          | İ |  |
| BANTAFE                               | I |  |
| FILE                                  |   |  |
| U.S.G.S.                              |   |  |
| LAND OFFICE                           |   |  |
| OPERATOR                              |   |  |

CONDITIONS OF APPROVAL, IF ANY:

## OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103

| BANTAFE  | SANTA FE.   | NEW MEXICO 87501                       |                             | Revised 10-1-78            |  |
|--|---|--|-----------------------------|----------------------------|--|
| FILE   |   |  | 5a. Indicate Type           | 5a. Indicate Type of Leuse |  |
| U.S.G.S.   |   |  | State X                     | Fee                        |  |
| DPERATOR   | 4   |  | 5, State Otl & Ga           | is Lease No.               |  |
|  | J   |  | B-113-1                     | l                          |  |
| SLINDE   | RY NOTICES AND REPORT   | SON WELLS                              | Milli                       |                            |  |
| (DO MOT USE THIS FORM FOR PRO-                               | CPOSALS TO CRILL OR TO DEEPEN OR CHOICE FOR PERMIT -** (FORM C-101) | PLUS BACK TO A DIFFERENT RESERVOIR.    |                             |                            |  |
| 1.   |   |  | 7. Unit Agreemen            | it Name                    |  |
| OIL GAS WELL   | OTHER-  | Water Injection                        | Central                     | Vacuum Un                  |  |
| 2. Name of Operator  |   |  | 8. Farm of Lease            | Vacuum Un:                 |  |
| TEXACO, Inc.   |   |  |                             |                            |  |
| 3. Address of Operator                                       |   |  | 9. Well No.                 |                            |  |
| P. O. Box 728, Hob   | bs, New Mexico 8  | 88240                                  | 106                         |                            |  |
| 4. Location of well  | of Well   |  | 10. Vaic and mo             | °Ġraybürq                  |  |
| UNIT LETTER E 2520 FEET FROM THE NORTH LINE AND 104 AET FROM |   |  |                             |                            |  |
|  | . ′   |  |                             |                            |  |
| West LINE SECTI  | on 6 TOWNSHIP   | 18-S RANGE 35-E                        | MAPM.                       |                            |  |
|  |   |  |                             |                            |  |
|  | 15, Elevation (Show u   | heiher DF, RT, GR, eic.)               | 12. County                  |                            |  |
|  | 35  | 72' (GR)                               | Lea                         | VIIIIIII                   |  |
| 16. Check  | Appropriate Box To Indic  | ate Nature of Notice, Report           | t or Other Data             |                            |  |
|  | NTENTION TO:  | _                                      | EQUENT REPORT OF:           |                            |  |
|  |   |  |                             |                            |  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDO   | N REMEDIAL WORK                        | ALTER                       | IING CASING                |  |
| TEMPORABILY ABANDON  |   | COMMENCE DRILLING OPNS.                | PLUG A                      | AND ABANDONMENT            |  |
| PULL OR ALTER CASING   | CHANGE PLANS  | CASING TEST AND CEMENT JOB             |                             | •                          |  |
|  |   | OTHER                                  | <del></del>                 |                            |  |
| OTHER  |   |  |                             |                            |  |
| 17. Describe Proposed or Completed O                         |   |  | including actimated date of | stating one proposed       |  |
| 17. Describe Proposed or Completed Of work) SEE RULE 1103.   | perations (Clearly state all pertin                                 | ent aetaits, and give pertinent autes, | including estimated date of | starting any proposen      |  |
|  |   |  |                             |                            |  |
| 1. Rig up & pull   | -   |  |                             |                            |  |
|  |   | perfs. Shut csg &                      | squeeze.                    |                            |  |
|  |   | (43 Int. 86 Holes)                     |                             |                            |  |
| 4. Acidize perfs   | W/Io% Acid in 5 s   | tages W/400# R.S. be                   | tween stages &              | Flush.                     |  |
| 5. Set pkr. @ 432  | .u. Load annulus w  | / inhibited fresh w                    | <i>n</i> ater & return      | to inj.                    |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   | ·                                      |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
|  |   |  |                             |                            |  |
| 18. I hereby certify that the information                    | above is true and complete to the                                   | best of my knowledge and belief.       |                             |                            |  |
| 4 /  |   |  |                             |                            |  |
| W.B. h.  | <u> </u>  | Dist. Opr. Mgr.                        | DATE3                       | -14-85                     |  |
| A MANAGEMENT AND A CONTRACTOR                                | NOTAR STATE   |  |                             |                            |  |
| ORIGINAL GIGGIGD<br>Mesenca 1                                |   |  | MAD                         | 1 3 1985                   |  |
| . 54.0 年 (1986年 - 7)   | TITLE   |  | DATE                        | 1 9 1 934                  |  |