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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
FOR APPLICATION FOR PERMIT - "A" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/> WATER INJECTION	5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
6. Name of Lessee TEXACO Inc.			5. State Oil & Gas Lease No. B-1113-1
7. Address of Lessee P. O. BOX 728, HOBBS, NEW MEXICO 88240			7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Location of Well UNIT LETTER E 2520 FEET FROM THE North LINE AND 1040 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.			8. Form of Lease Name CENTRAL VACUUM UNIT
15. Elevation (Show whether DF, RT, GR, etc.) 3972' (GR)			9. Well No. 106
			VACUUM GRAYBURG SAN ANDRES
			12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> COMMENCE WATER INJECTION

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.

SUBJECT WELL WAS COMPLETED AS SHUT-IN WATER INJECTION

ON 2-28-79, PENDING COMPLETION OF INJECTION

FACILITIES. PLEASE BE ADVISED THAT ON 8-21-79,

WATER INJECTION BEGAN IN SUBJECT WELL.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE ASST. DIST. SUPT. DATE 8-23-79

Orig. Signed by
John Runyan
Geologist

APPROVED BY _____

TITLE _____

DATE **AUG 27 1979**

CONDITIONS OF APPROVAL, IF ANY: