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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1306

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.
(1) APPLICATION FOR PERMIT - (2) FORM C-101 FOR SUCH PROPOSALS.

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION	7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Name of Lessee TEXACO Inc.	8. Form or Lease Name CENTRAL VACUUM UNIT
9. Address of Lessee P. O. BOX 728, HOBBS, NEW MEXICO 88240	9. Well No. 108
10. Location of Well UNIT LETTER G , 2630 FEET FROM THE North LINE AND 1480 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.	VACUUM GRAYBURG SAN ANDRES
15. Elevation (Show whether DF, RT, GR, etc.) 3977' (GR)	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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER COMMENCE WATER INJECTION <input checked="" type="checkbox"/>

17. Describe in brief 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 6-21-79, PENDING COMPLETION OF INJECTION
FACILITIES. PLEASE BE ADVISED THAT ON 8-20-79,
WATER INJECTION BEGAN IN SUBJECT WELL.

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

SIGNED <u>[Signature]</u>	TITLE ASST. DIST. SUPT.	DATE 8-22-79
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE 8-22-79
CONDITIONS OF APPROVAL, IF ANY:		