|   | State of New   | Mexico                          |   | Form C-103      |
|---|--|---------------------------------|---|-----------------|
| Submit 3 copies<br>to Appropriate<br>District Office                                    | Energ Ainerals and Natural                             | Resources Department            |   | Revised 1-1-89  |
| <u>DISTRICT I</u>   | OIL CONSERVAT  | ION DIVISION                    | WELL API NO.                                  |                 |
| P.O. Box 1980, Hobbs, NM 88240  | P.O. Box 20  |                                 | 30-025-25798                                  |                 |
| <u>DISTRICT II</u>  | Santa Fe, New Mexi                                     |                                 | 5. Indicate Type of Lease                     |                 |
| P.O. Box Drawer DD, Artesia, NM 88210   | Canta i c, item mexi                                   | 00 07004 2000                   | STATE   | FEE 🗌           |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                                    |  |                                 | 6. State Oil / Gas Lease No.<br>B-111         | 3-1             |
|   | TICES AND REPORTS ON W                                 | FII                             | 5-111   | <u> </u>        |
| (DO NOT USE THIS FORM FOR PRO<br>DIFFERENT RESER<br>(FORM C                             | 7. Lease Name or Unit Agreement<br>CENTRAL VACUUM UNIT | Name                            |   |                 |
| 1. Type of Well: OIL GAS WELL WELL  | L OTHER WATER INJE                                     | ECTION                          |   | <u></u> .       |
| Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.                               |  |                                 | 8. Well No. 113                               |                 |
| 3. Address of Operator P.O. BOX 730, HOBBS, NM 88240                                    |  |                                 | 9. Pool Name or Wildcat<br>VACUUM GRAYBURG SA | N ANDRES        |
| 4. Well Location  Unit Letter   | 1620 Feet From The NO                                  | RTH_Line and 1100               | Feet From The WEST                            | _Line           |
| Section 6   | Township 18S   | Range 35E NI                    | MPMLEA_ (                                     | COUNTY          |
|   | 10. Elevation (Show whether DF, RI                     | (B, RT,GR, etc.) 3983' GR       |   |                 |
| 11. Check A   | ppropriate Box to Indicate N                           | lature of Notice, Repor         | rt, or Other Data                             |                 |
| NOTICE OF INTENTIO  | N TO   | l s                             | UBSEQUENT REPORT                              | OF:             |
| _   | PLUG AND ABANDON                                       | _                               | ALTERING CASIN                                |                 |
| PERFORM REMEDIAL WORK   | CHANGE PLANS   |                                 |   |                 |
| TEMPORARILY ABANDON   | CIMIGE FERIO   | CASING TEST AND CEME            | <b>_</b>                                      |                 |
| PULL OR ALTER CASING  | Г  |                                 | W 305   | П               |
| OTHER:  |  |                                 |   |                 |
| <ol> <li>Describe Proposed or Completed Ope<br/>work) SEE RULE 1103.</li> </ol>         | rations (Clearly state all pertinent de                | tails, and give pertinent dates | , including estimated date of startin         | ng any proposed |
| 3/18/95 - 3/23/95   |  |                                 |   |                 |
| <ol> <li>MIRU, INSTALLED BOP, TOH W/ IN<br/>IRON SULFIDE TO 4729' (PBTD).</li> </ol>    | JECTION TUBING AND PKR. TIH                            | I W/ BIT, TAGGED @ 4338',       | C/O CARBONATE SCALE &                         |                 |
| <ol> <li>SET TREATING PKR @ 4287, TSTE<br/>MAX P = 2745#, AIR = 4.5 BPM. FLC</li> </ol> | O CSG TO 500#, OK. ACIDIZED P<br>OWED BACK LOAD.       | ERFS FROM 4350'-4657' W         | // 8000 GALS 20% NEFE HCL,                    |                 |
| 3. TIH W/ INJ PKR ON 2 3/8" INJ TBG.<br>TSTD CSG TO 580 PSI FOR 30 MIN                  |  | T INJECTION PKR @ 4250          | ·.  |                 |
| 4. RETURNED WELL TO INJECTION.  | (ORIGINAL CHART SENT TO NA                             | MOCD, COPY OF CHART O           | N BACK)                                       |                 |
| OPT 4-1-95 INJECTING 76 BWPD @  | ) 1081 PSI   |                                 |   |                 |
| (INTERNAL TEPI STATUS REMAINS   | S INJ)   |                                 |   |                 |
| ·   |  |                                 |   |                 |
|   |  |                                 |   |                 |
|   |  |                                 |   |                 |
|   |  |                                 |   |                 |
|   |  |                                 |   |                 |

| $\sim \sim$                        | we is true and complete to the best of my knowledge | pe and belief. TITLE Engr Asst | DATE6/1/95       |
|------------------------------------|---|--------------------------------|------------------|
| TYPE OR PRINT NAME Monte C. Duncan |   | Telephone No. 397-0418         |                  |
| (This space for State Use)         | ORIGINAL SIGNED B<br>GARY WINK<br>FIELD REP. II     |                                | DATE JUN 02 1995 |
| APPROVED BY                        | FIELD REP. II                                       | TITLE                          | DATE             |
| CONDITIONS OF APPROVAL, IF ANY:    |   | De Sota/Nichols 10-94 ver 2.0  |                  |

