Submit 3 copies

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Form C-103

to Appropriate District Office	Energy, Minerals and Natu	ral Resources Department	Revised 1-1-89
<u>DISTRICT I</u>	<b>OIL CONSERVA</b>	TION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box	2086	30-025-25801
P.O. Box Drawer DD, Artesia, NM 882	Santa Fe, New Me	exico 37504-2088	5. Indicate Type of Lease STATE FEE FEE
DISTRICT III		•	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			B-1306-1
SUNDRY NOTICES AND REPORTS ON WELL  (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: OIL GAS OTHER INJECTION			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 120
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location			Foot From The MISST Line
Unit LetterD:		NORTH Line and 1100	
Section 7	Township 18S	Range 35E NI	
	10. Elevation (Show whether I	OF, RKB, RT,GR, etc.) 3973' GR	
11. Check A	ppropriate Box to Indicate		
NOTICE OF INTENTIO	N TO:	S	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	OR THE
OTHER:	<u> </u>	OTHER:	U
any proposed work) SEE RULE 110  9/21/94 -9/24/94  1. MIRU, INSTALLED BOP, TOH W/ IN.  2. SET TREATING PKR @ 4500', TSTD	JECTION TUBING AND PKR. `		
MAX P =4200 PSI, AIR = 4.6 BPM.			
3. TOH W/ PKR. TIH W/ NEW PKR AN TSTD CSG TO 500 PSI FOR 30 MIN	ID INJ TBG. CIRC HOLE W/ P HELD OK.	KR FLUID, SET INJECTION P	KR @ 4472.
4. RETURNED WELL TO INJECTION.			
(ORIGINAL CHART ATTACHED, CO	PY OF CHART ON BACK)		
OPT 9-29-94 INJECTING 853 BWPD			*
I hereby certify that the information above is true and comp	lete to the best of my knowledge and belief.	Engr Asst	DATE 11/1/94
· SIGNATURE WAS MADE	Ionte C. Duncan		Telephone No. 397-0418
TYPE OR PRINT NAME IV	onco o. Dunoan		EDY CO ANN
and the Councillant			E 117 1 25 45 4

\_\_TITLE\_

