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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-1113-1
7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Farm or Lease Name CENTRAL VACUUM UNIT
9. Well No. 121
VACUUM GRAYBURG SAN ANDRES
12. County LEA

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.
(A MAP APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> WATER INJECTION
1. Name of Operator TEXACO Inc.		
2. Address of Operator P. O. BOX 728, HOBBS, NEW MEXICO 88240		
3. Location of Well UNIT LETTER N 400 FEET FROM THE South LINE AND 2380 FEET FROM THE West LINE, SECTION 6 TOWNSHIP 18-S RANGE 35-E N.M.P.M.		

15. Elevation (Show whether DF, RT, GR, etc.)

3973' (GR)

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"/>	REMEDIATION 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"/>
REPAIR 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

17. 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 **8-23-79**, PENDING COMPLETION OF INJECTION

FACILITIES. PLEASE BE ADVISED THAT ON **9-5-79**,

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 **W. J. Coogan** TITLE **ASST. DIST. SUPT.** DATE **9-7-79**

Orig. Signed by

Jerry Sexton

Dist. 1, Supv.

APPROVED BY

TITLE

DATE

SEP 10 1979

CONDITIONS OF APPROVAL, IF ANY: