

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-25994
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1306
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	133
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3984' GR

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

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter B : 10 Feet From The NORTH Line and 1550 Feet From The EAST Line
Section 12 Township 18S Range 34E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ PERFORMED MIT

12. 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.

7-23-97

NOTIFIED NMOCD. TESTED CSG FRO SURFACE TO PACKER SET @ 4378' AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK. ✓

RETURNED TO INJECTION.

(ORIGINAL CHART ATTACHED AND COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 7/9/98

TYPE OR PRINT NAME J. Denise Leake

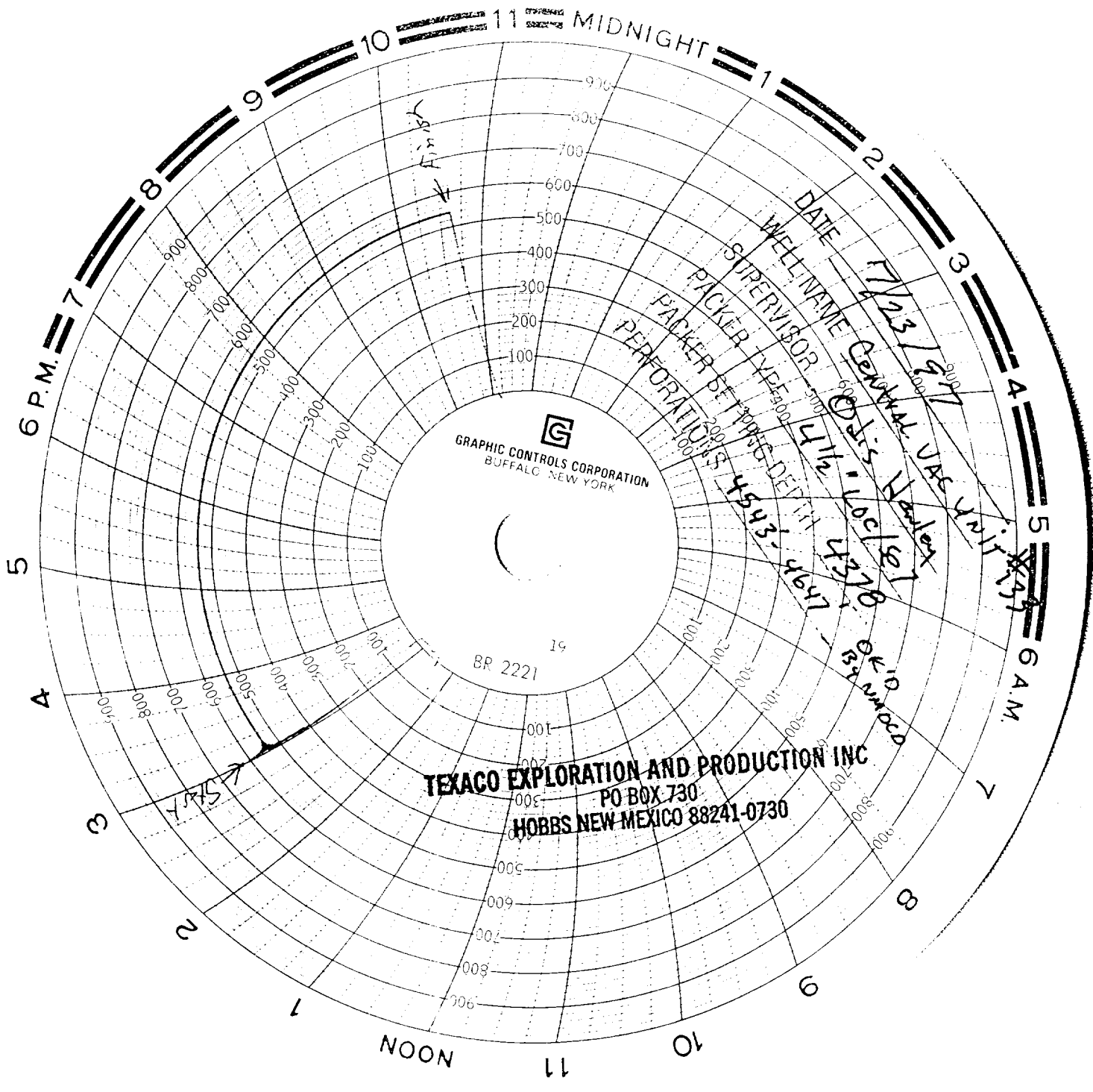
Telephone No. 397-0405

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CLINTS HILLMAN
CONDITIONS OF APPROVAL, IF ANY: DISTRICT I SUPERVISOR

DATE

JUL 24 1998



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

TEXACO EXPLORATION AND PRODUCTION INC
PO BOX 730
HOBBS NEW MEXICO 88241-0730

DATE 17/23/97
SUPERVISOR Central
PACKER TYPE 4 1/2
PERFORATIONS 4543-9647
Well Name Central VAC Unit

Finish

Start