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LAND OFFICE		
OPERATOR		

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 ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-1113-1	

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. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection	7. Unit Agreement Name
2. Name of Operator	Central Vacuum Unit
3. Address of Operator	8. Form or Lease Name
P. O. Box 728 - Hobbs, New Mexico 88240	Central Vacuum Unit
4. Location of Well	9. Well No.
UNIT LETTER D 1100 FEET FROM THE North LINE AND 40 FEET FROM	10. Field and Leach, or Wildcat
THE West LINE, SECTION 6 TOWNSHIP 12-S RANGE 35-E NEPV.	Vacuum Grayburg-San Andres
11. Elevation (Show whether DF, RT, GR, etc.)	12. County
3985' (GR)	Lea

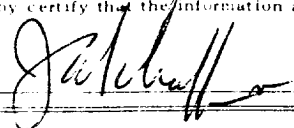
13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☒
FULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

14. Describe in brief the Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Total Depth 377'
Spud 17-1/2" hole, 7:00 P.M., 11-7-78

1. Ran 365' (10 jts) 13-3/8" OD 54.5# K-55 csg & set @ 377'.
2. Cemented w/400 sx Class 'C' Cement containing 2% CACI. Cement circulated. Job complete 10:00 A.M., 11-8-78, WOC 18 hrs.
3. Tested 13-3/8" OD casing w/600# for 30 minutes, 4:00-4:30 A.M., 11-9-78. Tested O.K. Job complete 4:30 A.M., 11-9-78.

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

SIGNED 	TITLE Asst. District Supt.	DATE 11-13-78
APPROVED BY Jerry Sexton Dist. Supt.	TITLE	DATE NOV 15 1978
CONDITIONS OF APPROVAL, IF ANY:		