

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.	30-025-26281
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-3011
7. Lease Name or Unit Agreement Name	VACUUM GRAYBURG SAN ANDRES UT
8. Well No.	59
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4023' 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 INJECTION

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location  
Unit Letter E 2500 Feet From The NORTH Line and 40 Feet From The WEST Line  
Section 2 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.

6-20-98:

NOTIFIED NMOC. TESTED CSG FROM SURFACE TO PACKER SET @ 4386' AS PER NMOC GUIDELINES TO 500# FOR 30 MIN. HELD OK.

RETURNED TO INJECTION.

(ORIGINAL CHART ATTACHED & 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

ORIGINAL SIGNED BY J. Denise Leake  
DISTRICT I SUPERVISOR

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE JUL 24 1998

CONDITIONS OF APPROVAL, IF ANY:

