State of New Mexico

ierals and Natural Resources Department

Form C-103 Revised 1-1-89

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DeSoto/Nichols 12-93 ver 1.0

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 TEXACO EXPLORATION & PRODUCTION INC. 3. Address of Operator Unit Letter Unit Letter Texaco Exploration Feet From The SOUTH Line and 330 Feet Fom The Section Township 10. Elevation (Show whether DF, RKB, RT,GR, etc.) NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CENTR 7. Leas CENTR	30-025-26786 ate Type of Lease STATE ☑ FEE ☐ FOIl / Gas Lease No.
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II 1000 Rio Brazos Rd., Aztec, NM 87410 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: WELL QAS WELL OTHER WATER INJECTION WELL 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. 3. Address of Operator Unit Letter Section OTHER TOWNShip 10. Elevation (Show whether DF, RKB, RT,GR, etc.) NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORABILLY ABANDON PULL OR ALTER CASING OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, any proposed work) SEE RULE 1103. 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. 8. Well 10. Elevation (Show whether DF, RKB, RT,GR, etc.) SUBSECTION CHANGE PLANS OTHER: Med OTHER: Med OTHER: Med 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, any proposed work) SEE RULE 1103.	30-025-26786 ate Type of Lease STATE ☑ FEE ☐ FOIl / Gas Lease No.
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any proposed work) SEE RULE 1103. 2-08-99:	The first of the f
1. Notified NMOCD. Tested csg from surface to packer set @ 4422 as per Niviocob guidelines to 300% for 30 minus. 2. Returned to injection. (ORIGINAL CHART AND COPY OF CHART ATTACHED) (INTERNAL TEPI STATUS: INJ)	s. Held OK.
Thereby certify that the information above is the and complete to the best of my providedge and belief. SIGNATURE	DATE <u>2/23/99</u> Telephone No. 397-0405

TITLE

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

