## State of New Mexico

DATE\_

DeSoto/Nichols 12-93 ver 1.0

to Appropriate Distr Office	gy, Minerals and Natural R	Resources Department		Form C-103 Revised 1-1-89
DICTRICT	CONSERVATI	CN DIVISION	WELL AND NO	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		WELL API NO. 30-025-26787	
DISTRICT II	Santa Fe, New Mexic		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III		0.001.2000	STATE	⊠ FEE □
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. 85794	3
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.)			00/94	3
			7. Lease Name or Unit Agreemer CENTRAL VACUUM UNIT	nt Name
1. Type of Well: OIL GAS OTHER WATER INJECTION WELL				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 143	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location		Til 1:1 50		
Unit LetterA : 1310	Feet From The SOU	TH Line and 50	Feet From The EAST	Line
Section <u>6</u> Township <u>18S</u> Range <u>35E</u> NN			PM <u>LEA</u> C	OUNTY
	evation (Show whether DF, RI			
11. Check Appropri	ate Box to Indicate Na	ture of Notice, Report	, or Other Data	
NOTICE OF INTENTION TO:			JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	ND ABANDON	REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANG	E PLANS	☐ COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐		
PULL OR ALTER CASING	_	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: PERFO	RMED MIT & RETURNED TO INJEC	TION 🖂
<ul><li>12. Describe Proposed or Completed Operations any proposed work) SEE RULE 1103.</li><li>5-21-98</li></ul>	s (Clearly state all pertinent	details, and give pertinen	t dates, including estimated dat	e of starting
1. NOTIFIED NMOCD. TESTED CSG FROM SU	JRFACE TO PACKER SET (	@ 4215' AS PER NMOCD (	GUIDELINES TO 500# FOR 30 M	INS. HELD OK.
2. RETURNED TO INJECTION.				
(ORIGINAL CHART OR COPY OF CHART ON B	ACK)			
(INTERNAL TEPI STATUS: INJ)				
	,			
I hereby certify that the information above is true and complete the bes	n l	eering Assistant	DATE 6/1/	/98
TYPE OR PRINT NAME J. Denise	Leake			397-0405

Fam Lautz Geologisfitle

(This space for State Use) APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

