Submit 3 copies to Appropriate District Office

State of New Mexico

Energ finerals a

finerals and Natural Resources Department

Form C-103
Revised 1-1-80

District Office						Revis	ed 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM	88240	OIL CONSE	RVATIO	ON DIVISION	WELL API NO			
DISTRICT IL	00240		O. Box 2088			30-025-26788		
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088						5. Indicate Type of Lease STATE FEE F		
DISTRICT III					6. State Oil /	Gas Lease No.		
1000 Rio Brazos Rd., Azteo		·	CONVE	1		B-1306	***************************************	
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						7. Lease Name or Unit Agreement Name		
		2-101) FOR SUCH PRO	POSALS.)	****	CENTRAL V	ACUUM UNIT		
1. Type of Well: OIL GAS OTHER WATER INJECTION								
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					8. Well No.	144		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240					9. Pool Name	or Wildcat JUM GRAYBURG SAN ANDR	IEC .	
4. Well Location				· · · · · · · · · · · · · · · · · · ·			ies	
Unit Letter	B :	35 Feet From	The <u>NORT</u>	H Line and 1330	Feet From 1	The <u>EAST</u> Line		
Section 6		Township 18S			MPM	LEA COUNTY	•	
		10. Elevation (Show w	hether DF, RK	B, RT,GR, etc.) 3988' (GL			
11.	Check Ap	opropriate Box to Ir	idicate Nat	ture of Notice, Repo	rt, or Other I	Data		
NOTICE OF I	NTENTIO	N TO:		s	UBSEQUE	NT REPORT OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	\boxtimes	ALTERING CASING	П	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OF	PERATION	PLUG AND ABANDONMEN	т 🗀	
PULL OR ALTER CASING	PULL OR ALTER CASING CASING TEST AND CE				ENT JOB			
OTHER:			□	OTHER:			🗆	
8/14/96 - 8/21/96 1. MIRU, INSTALLED BOP 2. RAN CSG INSPECTION 3. TIH W/ 4 1/2" INJ PKR C 30 MIN, HELD OK. 4. RETURNED WELL TO I (ORIGINAL CHART ATTAC (INTERNAL TEPI STATUS OPT 8-28-96 INJECTING 48	LOG FROM ON 2 3/8" DUO NJECTION. CHED, COPY REMAINS: II	4450'-4000'. CLEANED D-LINE INJ TBG. CIRCI OF CHART ON BACK) NJ)	OUT HOLE	TO 4589'.			SI FOR	
I hereby certify that the information above SIGNATURE TYPE OR PRINT NAME (This space for State Use)	them	onte C. Duncan	d belief. FLE Engr	Asst		DATE <u>9/26/96</u> Telephone No. 397-04	118	
		L	The state of the s			OLI U "	1 m. 12 18 p	
in.	re is true and compl		Enar	Asst		DATE <u>9/26/96</u>		