

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-79

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1306

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Water Injection</b>	7. Unit Agreement Name Central Vacuum Unit
Name of Operator TEXACO Inc.	8. Farm or Lease Name Central Vacuum Unit
Address of Operator Drawer 728, Hobbs, New Mexico 88240	9. Well No. 144
Location of Well UNIT LETTER <b>B</b> <b>35</b> FEET FROM THE <b>North</b> LINE AND <b>1330</b> FEET FROM THE <b>East</b> LINE, SECTION <b>6</b> TOWNSHIP <b>18-S</b> RANGE <b>35-E</b> N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Grayburg-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 3977' (GR)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

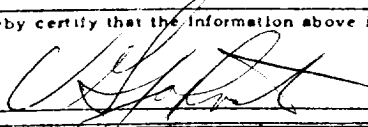
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <b>Commence Water Injection</b> <input checked="" type="checkbox"/>

17. 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.

Subject well was completed Shut-In Water Injection 10-15-80.

Water injection commenced 10-21-80.

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

SIGNED  TITLE Ass't. Dist. Supt. DATE 10-22-80

Orig. Signed by

Jerry Sexton

Dist. 1, Santa Fe

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

CONDITIONS OF APPROVAL, IF ANY: