

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 ☒ Fee ☐

5. State Oil & Gas Lease No.  
B-3011

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 - <u>Water Injection</u>	7. Unit Agreement Name <u>Vacuum Grayburg San Andres Unit</u>
2. Name of Operator <u>Texaco Inc.</u>	8. Name of Lease Name <u>Vacuum Grayburg San Andres Unit</u>
3. Address of Operator <u>P. O. Box 728, Hobbs, New Mexico 88240</u>	9. Well No. <u>62</u>
4. Location of Well UNIT LETTER <u>C</u> <u>65</u> FEET FROM THE <u>North</u> LINE AND <u>1330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMFM.	10. Field and Pool, or Wildcat <u>Vacuum Grayburg San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4019' (GR)</u>	12. County <u>Lea</u>

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Commence Water Injection</u> <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.

WATER INJECTION COMMENCED IN SUBJECT WELL 5-9-83

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 8-17-83

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 22 1983

CONDITIONS OF APPROVAL, IF ANY: