

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30799
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1306
7. Lease Name or Unit Agreement Name	VACUUM GRAYBURG SAN ANDRES UNIT
8. Well No.	148
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3997' GR

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 ☐ OTHER INJECTION

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter D : 1330 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 1 Township 18S Range 34E NMPM LEA COUNTY

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> INSTALLED NEW INJ PKR & TESTED CASING

12. 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.

3-30-95

1. MIRU. RELEASED INJECTION PKR & TOH W/ INJECTION EQUIP.
2. TIH W/ 2 3/8" CEMENT LINED TUBING STRING AND NEW INJECTION PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 4157'.
3. TESTED 7" CASING FROM SURFACE TO PKR SET @ 4157' AS PER NMOC D GUIDELINES TO 520# FOR 30 MINUTES, HELD OK.
4. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS REMAINS: INJ)

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 4/25/95

TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE MAY 01 1995

CONDITIONS OF APPROVAL, IF ANY:

