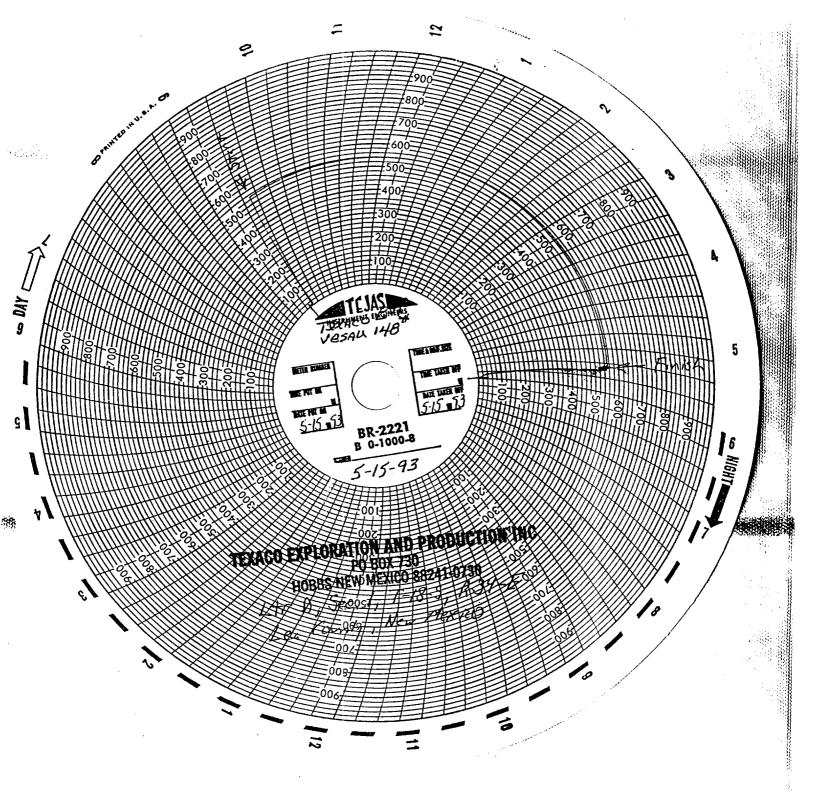
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT! OIL CONSERVATI	ON DIVISION
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2	088 WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	STATE FEE FEE
	B-1306
SUNDRY NOTICES AND REPORTS ON WI	ELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR P	ERMIT*
(FORM C-101) FOR SUCH PROPOSALS.)	VACUUM GRAYBURG SAN ANDRES UNIT
1. Type of Well: OIL OAS OTHER INJECT	
2. Name of Operator Towards Exploration and Production less	8. Well No.
Texaco Exploration and Production Inc. 3. Address of Operator	9. Pool name or Wildcat
P. O. Box 730 Hobbs, NM 88240	VACUUM GRAYBURG SAN ANDRES
4. Well Location	
Unit Letter D: 1330 Feet From The NORTH	Line and660 Feet From The WEST Line
Section 1 Township 18—S	County Cange 34-E NMPM LEA
10. Elevation (Show whether	
3997'	¥1/1//////////////////////////////////
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON L CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: REPEAT CASING INTEGRITY TEST X
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.	
THE ABOVE INJECTION WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST.	
5-15-93 1. NOTIFIED NMOCD OF CASING INTEGRITY TEST.	
2. TESTED 7" CASING FROM SURFACE TO PACKER SET @ 4156' AS PER NMOCD GUIDELINES TO 540# FOR	
30 MINUTES, HELD OK.	
3. RETURNED WELL TO INJECTION.	
(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)	
I hereby certify that the information above is true and complete to the best of my knowledge an	d belief.
SKONATURE TO THE TIMES T	TILE ENGINEER'S ASSISTANT DATE 6-4-93
TYPE OR PRINT NAME MONTE C. DUNCAN	теле н оме но. 393-7191
(This space for State Use)	
ORIGINAL SIGNED BY JERRY SEXTOR	JUN - 7 1993
-	DATE
CONDITIONS OF APPROVAL, IF ANY:	

1 . A / . . . 1 1 6 X



JUN 0 4 1993 Colo Hobbs office