Submit 3 Copies to Appropriate District Office

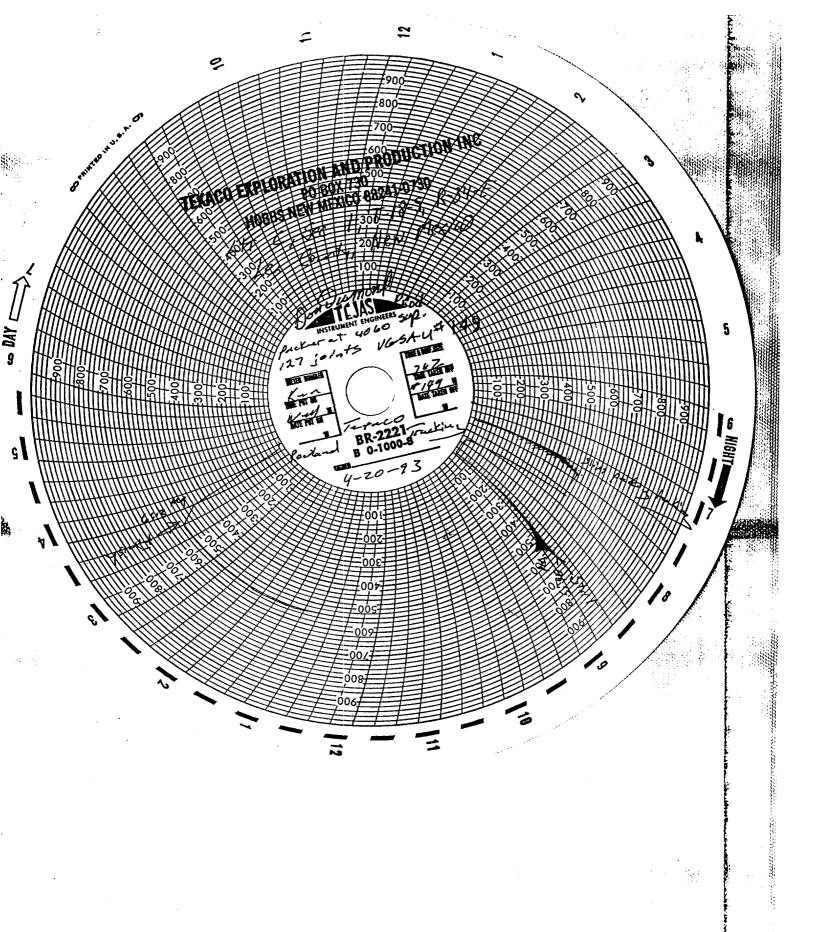
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## State of New Mexico

Form C-103 Revised 1-1-89

## Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-30847
		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE  6. State Oil & Gas Lease No. B-1306
SUNDRY NOTICES AND REPORTS ON NOTION OF THIS FORM FOR PROPOSALS TO DRILL OR TO DEED DIFFERENT RESERVOIR. USE "APPLICATION FOR (FORM C-101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT
1. Type of Well: OR. GAS WELL OTHER INJEC	CTION WELL	
2. Name of Operator  Toyono Exploration and Draduction les		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 <u>C</u> : 1330 Feet From The <u>NORTH</u>	Line and	1980 Feet From The WEST Line
Senter 1 Security 10.0	D 04.5	County
Section 1 Township 18-S	Range 34-E ther DF, RKB, RT, GR, etc.)	NMPM LEA
399	93' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUB	SSEQUENT 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 CI	EMENT JOB [
OTHER:	OTHER: REPEAT	T CASING INTEGRITY TEST X
12. Describe Proposed or Completed Operations (Clearly state all pertinent detail work) SEE RULE 1103.	ls, and give pertinent dates, inclu	ding estimated date of starting any proposed
THE ABOVE INJECTION WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST		
4-20-93 1. NOTIFIED NMOCD OF CASING INTEGRITY TEST.		
2. TESTED 7" CASING FROM SURFACE TO PACKER SET @ 30 MINUTES, HELD OK.	4060' AS PER NMOCD	GUIDELINES TO 540# FOR
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	and belief.	
SIGNATURE That Quil	TITLE ENGINEER'S ASS	SISTANT DATE 6-4-93
TYPE OR PRINT NAME MONTE C. DUNCAN		телерноме мо,393-7191
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		1111 77 4866
DISTRICT I SUZERVISOR	TITLE	JUN - <b>7 1993</b>
CONDITIONS OF APPROVAL, IP ANY:	******	DATE



JUN 0 4 1993 CCD HOBBS OFFICE