

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

STRICT I
P.O. Box 1980, Hobbs, NM 88240
STRICT II
P.O. Box Drawer DD, Artesia, NM 88210
STRICT III
20 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.	30-025-32801
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1113-1
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	194
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3979' GR	

SUNDY 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.)

Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

Address of Operator
205 E. Bender, HOBBS, NM 88240

Well Location

Unit Letter C 14 Feet From The NORTH Line and 1917 Feet From The WEST Line
Section 6 Township 18-S Range 35-E NMPM LEA COUNTY

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐ Performed MIT ☒

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.

5-01-99:

NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PKR SET @ 4202.56' TO 540# FOR 30 MINUTES-OK.

RETURNED TO INJECTION.

{ORIGINAL CHART & COPY OF CHART ATTACHED}

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 7/6/99

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

ORIGINAL SIGNED BY

(This space for State Use)

GARY WINK
FIELD REP. II

APPROVED BY GARY WINK TITLE FIELD REP. II

DATE JUL 14 1999

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

JCS

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