

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**

P.O. Box 4, Hobbs, NM 88240

**DISTRICT**

P.O. Box 4, Artesia, NM 88210

**DISTRICT**

1000 R.razos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-32801

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

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.)

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 C <sup>(3)</sup> 14 Feet From The NORTH Line and 1917 Feet From The WEST Line

Section 6 Township 18-S Range 35-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3979' GR

11.

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: ☐

BEGAN INJECTION OF WATER ☒

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.

4/10/95

BEGAN INJECTION OF WATER INTO WELL.

INJECTION RATE OF 851 BWPD @ 796 PSI.

(INTERNAL TEPI STATUS: 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)

APPROVED BY

TITLE

DATE

4/25/95

CONDITIONS OF APPROVAL, IF ANY: