State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office E gy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-32804 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 Indicate Type of Lease 2040 South Pacheco District III STATE 🔀 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1113-1 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Central Vacuum Unit 1. Type of Well: Gas Well Oil Well Other Water Injection 8. Well No. 2. Name of Operator Texaco Exploration & Production 9. Pool name or Wildcat 3. Address of Operator 15 Smith Road - Midland, Texas 79705 Vacuum Grayburg San Andres 4. Well Location 1372 North feet from the _ line and feet from the line **NMPM** Range County IFA Section Township 18-S 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3972' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK ALTERING CASING Г PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON CHANGE PLANS **ABANDONMENT** CASING TEST AND PULL OR ALTER CASING **MULTIPLE** COMPLETION **CEMENT JOB** \mathbf{z} OTHER: Repair packer failure OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 01-07-02 RU; pulled tubing and packer; repaired packer; returned to injection Packer Type: Nickel-plated LokSet Packer Packer Setting Depth: 4183' Perforations: 4238'-4621' Charted at 620 psi I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Specialist DATE 03-07-02 Telephone No. Type or print name Laura Skinner 915-687-7355 (This space for State use) ORIGINATISEGNED BY OC FIELD REPRESENTATIVE II/STAFF MANAGER APPROVED BY_ Conditions of approval, if any:

