## State of New Mexico

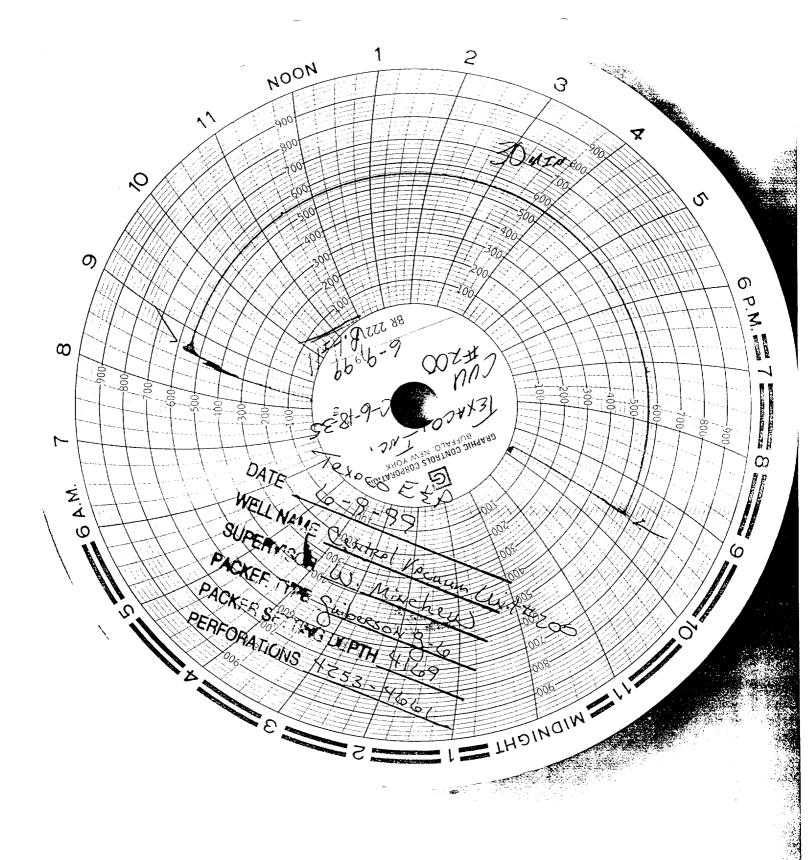
Energy, M als and Natural Resources Department

ubmit 3 copies App. Obriate District Office

Form C-103	
Revised 1-1-	89

DeSoto/Nichols 12-93 ver 1.0

DISTRICT	OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-025-32805
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease  STATE ⊠ FEE □
DISTRICT III		6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	ES AND REPORTS ON WELL	B-1113-1
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO	ES AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIR. USE "APPLICATION FOR PERMIT" D1) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
1. Type of Well: OIL GAS WELL WELL	OTHER INJECTION	
2. Name of Operator TEXACO EXPLO	DRATION & PRODUCTION INC.	8. Well No. 200
3. Address of Operator 205 E. Bender, H	HOBBS, NM 88240	9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location		
Unit Letter C :1	Feet From The NORTH Line and 1875	Feet From The WEST Line
1	ownship 18-S Range 35-E	
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3975'	GR
11. Check Appr	opriate Box to Indicate Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION	TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	UG AND ABANDON REMEDIAL WORK	ALTERING CASING      □
TEMPORARILY ABANDON C	IANGE PLANS COMMENCE DRILLING	OPERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	EMENT JOB
OTHER:	OTHER:	Performed MIT
6-09-99:  NOTIFIED NMOCD. TESTED CSG FROM  {ORIGINAL CHART & COPY OF CHART AT	SURFACE TO PKR SET @ 4169' TO 560# FOR 30 MIN	IUTES-OK. RETURNED TO INJECTION.
I hereby certify that the information above is true and complete to SIGNATURE	o the best of my knowledge and belief.  TITLE Engineering Assistant	DATE
	enise Leake	Telephone No. 397-0405
(This space for State Use) ORIGINAL SIGNED GARY WINK		DATE 14 1999
APPROVED BY FIELD REP. II CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE_ <b>UV&gt;</b>



## State of New Mexico

Form C-103

Appropriate  Astrict Office		Energy, Mit. LIS	and Natural Res	sources Department		Revised '	-1-89
DISTRICT I		OIL CONSE	ERVATIO	N DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NA	<i>1</i> 88240		P.O. Box 2088			30-025-32805	
DISTRICT II		Conta Eo	New Mexico	87504-2088	5. Indicate Ty	pe of Lease	
P.O. Box Drawer DD, Artes	sia, NM 8821	o Salita Fe,	IACA MICKIGO	010012000		STATE 🛛 FI	EE 🗌 📗
DISTRICT III					6. State Oil /		
1000 Rio Brazos Rd., Azte						B-1113-1	
/DO NOT USE THIS FOI	RM FOR PROF	TICES AND REPOF POSALS TO DRILL O RVOIR. USE "APPLIC C-101) FOR SUCH PR	R TO DEEPEN CATION FOR PE	OR PLUG BACK TO A		e or Unit Agreement Name ACUUM UNIT	
Type of Well: OIL WELL	GAS WELL	OTHER !	NJECTION				
2. Name of Operator	TEXACO EXF	PLORATION & PROD	UCTION INC.		8. Well No.	200	
3. Address of Operator	205 E. Bende	er, HOBBS, NM 88240	0		9. Pool Name VACL	or Wildcat JUM GRAYBURG SAN ANDRES	
4. Well Location			NODE	11 Line and 4075	Foot From T	the WEST Line	
Unit Letter	_C _ :			H Line and 1875			
Section 6					ИРМ	LEA COUNTY	
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3975' GR						
11.	Check A	ppropriate Box to	Indicate Nat	ure of Notice, Repor	t, or Other [	Data	
NOTICE OF	INTENTIC	N TO		SI	JBSEQUE	NT REPORT OF:	
	_	PLUG AND ABANDON	, <u> </u>	REMEDIAL WORK	$\boxtimes$	ALTERING CASING	
PERFORM REMEDIAL WOF		CHANGE PLANS		COMMENCE DRILLING OP	ERATION 🗍	PLUG AND ABANDONMENT	
TEMPORARILY ABANDON	_	•	_	CASING TEST AND CEMENT JOB			
PULL OR ALTER CASING OTHER:				OTHER:	Perfe	ormed MIT	
<ul> <li>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.</li> <li>4-30-99:</li> <li>NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PKR SET @ 4166.93' TO 560# FOR 30 MINUTES-OK. RETURNED TO INJECTION.</li> </ul>							
NOTIFIED NMOCD. TES {ORIGINAL CHART & CC	TED CSG FRO	OM SURFACE TO PK T ATTACHED}	(R SET @ 4166.	93° 10 560# FOR 30 MIN	UTES-OK. KE	TURNED TO INJECTION.	

I hereby certify that the information above is true	e and complete to the best of my knowledge (150)	edge and beliefTITLEEngineering Assistant	DATE 7/6/99
TYPE OR PRINT NAME	J. Denise Leake		Telephone No. 397-0405
(This space for State Use) ORIGINAL	Signed by		JUL 14 1998
APPROVED BY CONDITIONS OF APPROVAE, IF A	RANGE I	_TITLE	DATEDATE

