| 0.1  |   |  | State of New N  | ∕lexico   |  |  |                              |  |
|--|---|--|---|---|--|--|------------------------------|--|
| Submit 3 copies to Appropriate District Office   |   | Energy, Minera   | is and Natural R  | esources Department   |  |  | Form C-103<br>Revised 1-1-89 |  |
| DISTRICT I   |   | OIL CONS   | SERVATIO  | ON DIVISION   | WELL API NO                              |  |                              |  |
| P.O. Box 1980, Hobbs, N  | M 88240   | OIL COIN   | P.O. Box 208  |   | WELL AFINC                               | 30-025-32805                                       |                              |  |
| DISTRICT II  |   | Santa F  |   | o 87504-2088  | 5. Indicate T                            |  |                              |  |
| P.O. Box Drawer DD, Arte   | sia, NM 882   | 10   | S, HOW WICKIO   | 0 07 304 2000   |  | STATE [  | FEE 🗆                        |  |
| DISTRICT III   | NNA 0744  | ^  |   |   | 6. State Oil                             | Gas Lease No.                                      |                              |  |
| 1000 Rio Brazos Rd., Azto  |   |  | ODTO ON ME  | <u> </u>  |  | B-1113   | -1                           |  |
| SUNDRY NOTICES AND REPORTS ON WELL  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   |  |   |   |  | 7. Lease Name or Unit Agreement Name               |                              |  |
|  | ERENT RESE  | RVOIR. USE "APPI   | ICATION FOR P   |   | 1  | •  | Name                         |  |
| 1 Type of Wall: Olk  | •   | C-101) FOR SUCH  | PROPOSALS.)   |   | - CENTRAL V                              | ACUUM UNIT   |                              |  |
| 1. Type of Well: WELL  | ☐ GAS<br>WEL  | 1 1  | INJECTION   |   | 8. Well No.                              |  |                              |  |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.   |   |  |   |   |  | 200  |                              |  |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240  |   |  |   |   |  | 9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES |                              |  |
| 4. Well Location   |   |  |   |   | VAC                                      | OUN GRATBURG SAN                                   | ANDRES                       |  |
| Unit Letter  |   | 1236 Feet F  | rom The <u>NOR</u> T  | TH Line and 1875  | Feet From <sup>-</sup>                   | The WEST L   | ine                          |  |
| Section 6  |   | •  |   | Range <u>35-E</u> N   |  | LEA CC   | YTNUC                        |  |
|  |   | 10. Elevation (Sho   | w whether DF, RK  | (B, RT,GR, etc.) 3975' GR   |  |  |                              |  |
| 11.  | Check A   | ppropriate Box t   | o Indicate Na   | ture of Notice, Repor   | t, or Other I                            | Data   |                              |  |
| NOTICE OF  | INTENTIC  | N TO:  |   | St  | JBSEQUE                                  | NT REPORT C  | )F:                          |  |
| PERFORM REMEDIAL WOR   | к 🔲   | PLUG AND ABANDO  | ON 🔲  | REMEDIAL WORK   | $\boxtimes$                              | ALTERING CASING                                    |                              |  |
| TEMPORARILY ABANDON  |   | CHANGE PLANS   |   | COMMENCE DRILLING OP  | ERATION 🔲                                | PLUG AND ABANDO                                    | NMENT [                      |  |
| PULL OR ALTER CASING   |   |  |   | CASING TEST AND CEME  | ΝТ ЈОВ □                                 |  |                              |  |
| OTHER:   |   |  |   | OTHER:  | CROSS WEL                                | L TOMOGRAPHY                                       | X                            |  |
| 12. Describe Proposed or<br>any proposed work) S<br>4-23-98: MIRU. TIH W/PR<br>NUBOP. LOAD TBG W/22<br>4-24-98: LD 133 JTS 2 7/8<br>4-27-98: RIG DOWN & RE<br>5-26-98: TIH W/O/OFF T<br>5-27-98: CIRC W/PKR FL<br>WH TO 3000 PSI FOR 30<br>DOWN. INSTL INJECTION<br>FINAL REPORT | EE RULE 110 OF PLUG. SE BBLS. REL C "TBG & ON/C ELEASE RIG. FOOL. PU 133 UID. LATCH C MIN-OK. TES | 3. T PLUG IN PROF © N/OFF TOOL. CIRC OFF TOOL. CHANG JTS 2 7/8" TBG. NTO PKR @ 4172'. I TBG TO 200 PSI-0 | 9 4160'. TEST PL<br>CCSG W/110 BB<br>E RAMS. TIH W/<br>NDBOP. NUCO<br>DK. TIH W/WL. L | .UG TO 2000 PSI. TOH W<br>LS. TEST CSG TO 500 PS<br>70 JTS 2 3/8" WS TO 222<br>2 TREE. PSI CSG TO 500 | //SLICK LINE.<br>SI-OK .<br>1'. SWAB WEI | BLED WELL DN. ND<br>LL TO 1500'. LDWS.             | CO2 WH.                      |  |
| I hereby certify that the Moynation abo  | ense  | te to my knowled;  |   | eering Assistant  |  | DATE <u>8/2</u> 8                                  |                              |  |
| TYPE OR PRINT NAME   | J.  | Denise Leake   |   |   |  | Telephone No. 3                                    | 97-0405                      |  |

Ses

(This space for State Use)

ORIGINAL STOLEN AND RESERVED BY STOLEN AND RESERVED BY TITLE

CONDITIONS OF APPROVAL, IF ANY:

1 A 1998

