Submit 3 Copies to Appropriate District Office

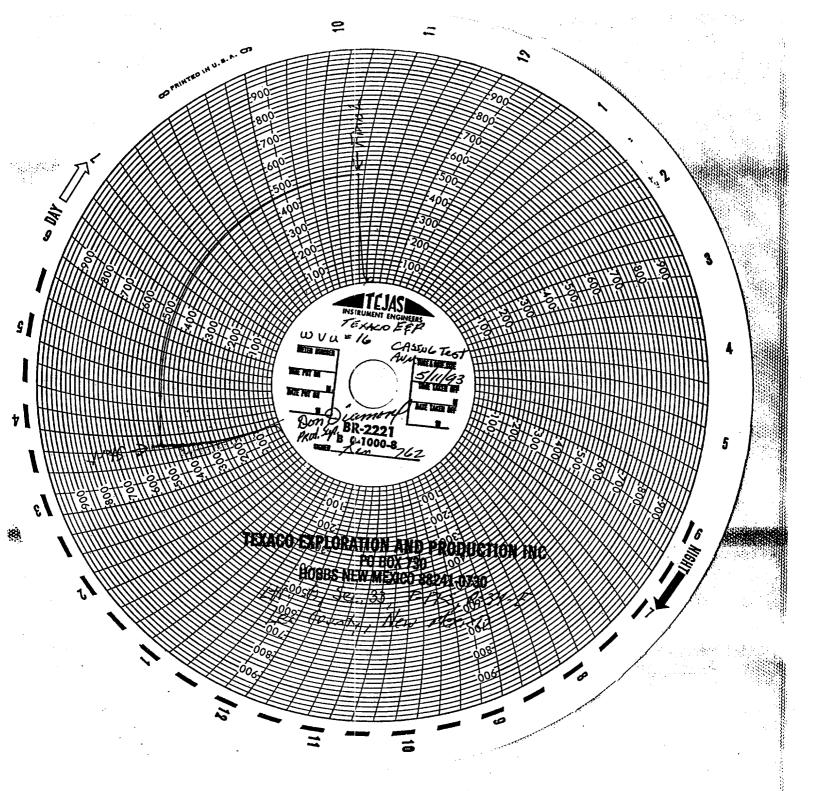
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-025-02185		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Le	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Le B-4118	
SUNDRY NOTICES AND REPORTS ON WELLS (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.)			7. Lease Name or Unit Agreement Name WEST VACUUM UNIT	
1. Type of Well: OR. GAS OTHER INJECTION				
Name of Operator Texaco Exploration and Pro	eduction Inc		8. Well No. 16	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 730 Hobbs, 4. Well Location	NM 88240		VACUUM GRAYBU	JRG SAN ANDRES
Unit LetterG :191	80 Feet From The NORTH	Line and	1980 Feet From The	EAST Line
Section 33	Township 17-S Rs 10. Elevation (Show whether 4071' D	DF, RKB, RT, GR, etc.)	NMPM LEA	
11. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other D	ata
NOTICE OF INT	ENTION TO:	SUB	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	
OTHER:		OTHER: REPEAT CASING INTEGRITY TEST X		
12. Describe Proposed or Completed Operationsk) SEE RULE 1103.	tions (Clearly state all pertinent details, as	nd give pertinent dates, includ	ding estimated date of sta	rting any proposed
THE ABOVE INJECTION WEL	L HAD FAILED A PREVIOUS CAS	SING INTEGRITY TEST		
5-11-93 1. NOTIFIED NMOCD OF CASING	INTEGRITY TEST.			
2. TESTED 5 1/2" CASING FRO 30 MINUTES, HELD OK.	OM SURFACE TO PACKER SET	@ 3961' AS PER NM	OCD GUIDELINES TO	O 470# FOR
3. RETURNED WELL TO INJECT	TION.			
(ORIGINAL CHART ATTACHED	, COPY OF CHART ON BACK)			
I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.		
SIGNATURE Sorte Drive	π	ENGINEER'S ASSI	STANT	DATE 6-4-93
TYPEOR PRINT NAME MONTE C. DUN	CAN			TELEPHONE NO. 393-7191
(This space for State Use)	ONED BY JEDBY CEVTON			
ኮ ዩዴፕል	GNED BY JERRY SEXTON JUST 1 SUPERVISOR	. P		DAN - 9 1993
CONDITIONS OF APPROVAL, IF ANY:	m	LE		DATE

on Rains



JUN 0 4 1993 OCD HOBBS OFFICE