

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-02188
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1576
7. Lease Name or Unit Agreement Name WEST VACUUM UNIT
8. Well No. 9
9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4062' GR

**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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION WELL <input type="checkbox"/>
2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P. O. Box 730 Hobbs, NM 88240
4. Well Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>33</u> Township <u>17-S</u> Range <u>34-E</u> NMPM LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4062' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: REPEAT CASING INTEGRITY TEST <input checked="" type="checkbox"/>

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.

THE ABOVE WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST DURING A BRADENHEAD SURVEY BY THE NMOCD DUE TO A CASING LEAK.

6-8-93

1. REPAIRED CASING LEAK.
2. NOTIFIED NMOCD OF CASING INTEGRITY TEST.
3. TESTED 7" CASING FROM SURFACE TO PACKER SET @ 4536' AS PER NMOCD GUIDELINES TO 450# FOR 30 MINUTES, HELD OK.
4. RETURNED WELL TO INJECTION.

(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.

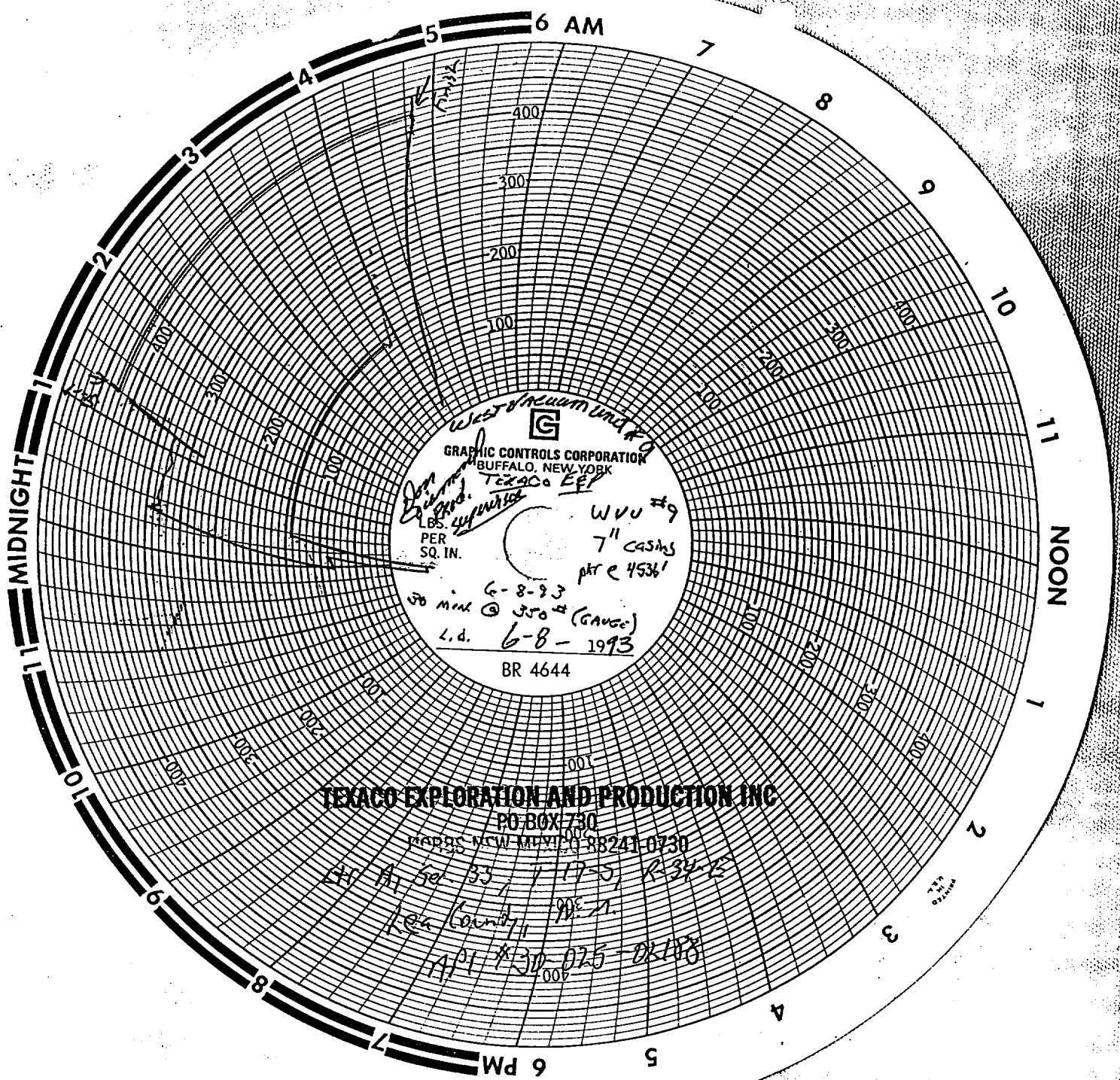
SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 7-15-93  
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 19 1993

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED

NOV 1993