

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
State B-871

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection Well	7. Unit Agreement Name West Vacuum Unit
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name West Vacuum Unit
3. Address of Operator P. O. Box 728 - Hobbs, New Mexico	9. Well No. 25
4. Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) 4043' (GL)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Convert to Water Injection Well <input checked="" type="checkbox"/>

17. 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 following work has been completed on subject well to convert to water injection well:

- 1) Pull 2-3/8" tubing.
- 2) Clean well out to the total depth of 4710'.
- 3) Ran GR/N & Caliper logs.
- 4) Ran 2-3/8" plastic coated tubing w/packer and set packer at 4049'.
- 5) Convert injection line effective 7:00 AM January 29, 1968.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Asst. Dist. Superintendent DATE January 31, 1968

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: