

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
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 Water Injection | 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 88240 | 9. Well No. 30 |
| 4. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 17-S RANGE 34-E N.M.P.M. | 10. Field and Pool, or Wildcat Vacuum Grayburg San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4071' (DF) | 12. County Lea |

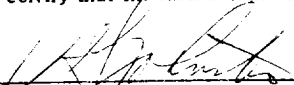
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER Return to Water Injection <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| CHANGE PLANS <input type="checkbox"/> | PLUG AND ABANDONMENT <input 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.

Shut-In Water Injection Well Returned To Water Injection, 4-29-82.

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

SIGNED  TITLE **Asst. Dist. Manager** DATE **5-6-82**

ORIGINAL SIGNED BY
APPROVED BY **JERRY SEXTON** TITLE _____ DATE **MAY 10 1982**
CONDITIONS OF APPROVAL _____

(R)

RECEIVED

MAY 7 1982

O.C.D.
HOBBS OFFICE