STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF ! OFIER RCCCIVED	T	
DISTRIBUTION	 	1
SANTA FE	1	
FILE		
U.S.G.S.		
LAND OFFICE		
09584708	1	

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

DISTRIBUTION	P. O. BOX 2088		•	Form C-103	
SANTA FE	SANTA F	SANTA FE, NEW MEXICO 87501		Revised 10-1-78	
FILE			_	5a. Indicate Type of Lease	
U.S.G.S.				State Fee	
LAND OFFICE			}	5, State Oil & Gas Lease No.	
OPERATOR	J			B-871	
0.11.0				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SUNL (DO NOT USE THIS FORM FOR F USE "APPLIC	DRY NOTICES AND REPOPER TO DEEPER TO DEEPER CATEDON FOR PERMIT - 11 (FORM C-16)	ORTS ON WELLS IN OR PLUG BACK TO A DIFFERENT OI) FOR SUCH PROPOSAUS.)	FRESERVOIR.		
1.				7. Unit Agreement Name	
WELL OTHER- Water Injection			1	West Vacuum Unit	
2. Name of Operator				8. Farm or Lease Name	
Texaco Inc.				West Vacuum Unit	
_	bbs, New Mexico	88240		30	
4. Location of Well				Vacuum Grayburg	
UNIT LETTER M	660 FEET FROM THE S	outh Line AND 66	FEET FROM	San Andres	
THE West LINE, SEC	TION 33 TOWNSHIP	17-S HANGE 3	<u> 14-E</u> NMPM.		
	15. Elevation (Sho	nw whether DF, RT, GR, etc.)		12. County	
		4071' (DF)		Lea	
16. Check	k Appropriate Box To Inc	dicate Nature of Notic	e Report of Othe	er Data	
	INTENTION TO:	I	SUBSEQUENT		
			0000000000	NET ON TOTAL	
PERFORM REMEDIAL WORK	PLUG AND ABA	HOON REMEDIAL WORK		ALTERING CASING	
TEMPCRAFILY ABANDON		COMMENCE DRILLI	INC OBBE	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	<u></u>	}	PEOG AND ABANDONMENT	
POLE OF ALTER CASING	CHANGE PLANS	OTHER CO	nvert to Wa	ter Injection X	
0747		O O O O O O O O O O O O O O O O O O O			
OTHER		· · · · · · · · · · · · · · · · · · ·			
17. Describe Proposed or Completed	Operations (Clearly state all pe.	rtinent details, and give pertin	nent dates, including e	stimated date of starting any proposed	
work) SEE RULE 1 103.				•	
3 - 54 3	D.33				
1. Rigged up.	Pull rods & pump	. Pull tubing.			
2. Treat w/500	gals. 15% HCL Ac	id.			
			0 0 line:	· •	
3. Ran 2-3/8" 0	D plastic coated	tubing w/pkr.	oc set @ 430.	L'•	
4. Completed as	Shut-In Water I	njection, 4-15-	82.	•	
	•				
	•				
•					
18. I hereby certify that the information	on above is true and complete to	the best of my knowledge and	d belief.	***	
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(X7. 1. 1 II	<u> </u>	Asst. Dist.	Supt.	H-22-82	
SIGNED COMMENT		IALE TOOL DINGS	~~p v •	DATE 4-22-02	
ORIGINAL					
JERRY SOKE	Det .			6 m m 0 0 000 m	
APPROVED BY DISTRICT S	JPR	TTLE		DATE APR 26 1982	

APR 2 3 1982

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