State . . ew Mexico

Form C-103

District Office		gy, Minerals and Nati	irai Resources Departme	ent	Rev	ised 1-1-89	
DISTRICT I	OIL	CONSERVA	TION DIVISION	ON WELL	API NO.		
7.0. Box 1980, Hobbs, NM 8		P.O. Box			30-025-02244		
DISTRICT II	NIM GOOLO	Santa Fe, New M	exico 87504-2088	5. Inc	dicate Type of Lease		
P.O. Box Drawer DD, Artesia, I DISTRICT III	MM 88210				STATE 🛛	FEE 🔲	
1000 Rio Brazos Rd., Aztec, N	M 87410		•	6. Sta	ate Oil / Gas Lease No. B-155		
SUNE	ORY NOTICES	AND REPORTS ON	WELL		2,00		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"					7. Lease Name or Unit Agreement Name		
DIFFEREN		OR SUCH PROPOSAL		CEN.	TRAL VACUUM UNIT		
1. Type of Well: OIL WELL	GAS WELL	OTHER WATER	NJECTION WELL				
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					90		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240					ol Name or Wildcat VACUUM GRAYBURG SAN AND	DRES	
4. Well Location						71120	
Unit Letter O	660	Feet From The	SOUTH Line and 1980	D Feet	From The <u>EAST</u> Line		
Section 36	Towns	ship 17S	Range 34E	NMPM	LEA COUNT	Υ	
	10. EI	evation (Show whether	DF, RKB, RT,GR, etc.) 399	91' GR			
11. C	heck Appropri	ate Box to Indicat	e Nature of Notice, F	Report, or C	Other Data		
NOTICE OF INT	FNTION TO			SUBSE	QUENT REPORT OF:		
		ND ABANDON	☐ REMEDIAL WORK	00000	☐ ALTERING CASING		
PERFORM REMEDIAL WORK		E PLANS	COMMENCE DRILLI	ING OPERATIO	_	_	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OFF					_	_	
OTHER:			OTHER:		MIT & RETURNED TO INJECTION	\boxtimes	
12. Describe Proposed or Com any proposed work) SEE R		s (Clearly state all per	tinent details, and give	pertinent date	es, including estimated date of s	starting	
5-27-98:							
1. NOTIFIED NMOCD. TESTE	ED CSG FROM SI	JRFACE. OPEN HOL	E PERFS 4097-4710'. TE	ESTED TO 400	# FOR 30 MIN. HELD OK.		
2. RETURNED TO INJECTION	١.						
(ORIGINAL CHART OR COPY	OF CHART ON B	ACK)					
(INTERNAL TEPI STATUS: IN.	J)						
•							

I hereby certify that the information aboye **Engineering Assistant** TITLE DATE 6/1/98 397-0405 Telephone No. J. Denise Leake TYPE OR PRINT NAME intz (This space for State Use) APPROVED BY_ TITLE _DATE_ CONDITIONS OF APPROVAL, IF ANY: DeSoto/Nichols 12-93 ver 1.0

