

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

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

WELL API NO.	30-025-24026
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-3885
7. Lease Name or Unit Agreement Name	
North Vacuum Abo West Unit	
8. Well No.	6
9. Pool name or Wildcat	
Vacuum Abo North	

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 <input checked="" type="checkbox"/> Injection	
2. Name of Operator Texaco Exploration and Production Inc.	
3. Address of Operator P.O. Box 730 Hobbs, New Mexico 88240	
4. Well Location Unit Letter <u>H</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>17-S</u> Range <u>34-E</u> NMMPM Lea County	
10. Elevation (show whether DF, PKB, RT, GR, etc.) 4058' GL	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Repeat casing integrity test ☒

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 injection well failed a previous casing integrity test on 6-10-92.

8-18-92

1. Notified NMOC D of second casing integrity test.
2. Tested 5 1/2" casing from surface to packer @ 8665' as per NMOC D guidelines to 530# for 30 minutes. Held OK. Test witnessed by Mr. Buddy Hill of the NMOC D.
3. 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 M.C. Duncan TITLE Engineer's Assistant DATE 8-20-92
TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

AUG 24 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.

DAY

NIGHT

TEXAS
INSTRUMENT ENGINEERS

Texaco Inc.
North Dallas, Texas 75243

ENTER NUMBER
TIME PUT ON
DATE PUT ON

BR-2221
B.P. 14004
A-21-17-34

TIME TAKEN BY
8/18/82

RECEIVED
AUG 21 1992
FBI MOBILE OFFICE