OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-3196

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 [ ]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name
North Vacuum Abo West Ut.

2. Name of Operator
TEXACO INC.

8. Farm or Lease Name
North Vacuum Abo West Ut.

3. Address of Operator
P.O. Box 728, Hobbs, NM 88240

9. Well No.
12

4. Location of Well

UNIT LETTER **N** , **660** FEET FROM THE **South** LINE AND **1880** FEET FROM

THE **West** LINE, SECTION **22** TOWNSHIP **17-S** RANGE **34-E** NMPM.

10. Field and Pool, or Wildcat
North Vacuum Abo

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]   **Convert to Injection** [X]

OTHER_____

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.

1. Rigged up. Pld rods and pump. Installed BOP. Pulled tubing.
2. Set pkr @ 8656'. A/perfs 8706-8812' w/10,000 gals 30# gelled brine, 10,000 gals 20% NEFE acid in 2 equal stgs using 500# rock salt between stgs. Flshd w/2500 gals 10# gelled brine.
3. Ran 2-3/8" plastic coated tubing w/pkr and set @ 8649'. Load annulus w/ inhibited water.
4. Complete well as shut-in water injection, waiting on injection line, 10-18-84.

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

SIGNED _W. B. Little_   TITLE **District Operations Manager**   DATE **November 1, 1984**

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR   TITLE_____   DATE **NOV - 5 1984**

CONDITIONS OF APPROVAL, IF ANY: