

O. CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
3. State Oil & Gas Lease No.	
B-1030-1	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WATER INJECTION		7. Unit Agreement Name North Vacuum Abo West Unit
2. Name of Operator TEXACO INC.		8. Farm or Lease Name North Vacuum Abo West Unit
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 16
4. Location of Well UNIT LETTER <u>F</u> . <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>17-S</u> RANGE <u>34-E</u> NMPM.		10. Field and Pool, or Wildcat North Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.) 4065' (GR)		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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> CONVERT TO INJECTION

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 1703.

CHANGE OF STATUS FROM SHUT-IN WATER INJECTION TO WATER INJECTION 1-22-85.

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

SIGNED W.B. Loh TITLE Dist. opr. Mgr. DATE 1-24-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 28 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 25 1985

O.C.D.
HOBBS OFFICE