State of New Mexico
Energ   Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-25697

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil / Gas Lease No.
B - 155

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

7. Lease Name or Unit Agreement Name
CENTRAL VACUUM UNIT

1. Type of Well: OIL WELL ☐   GAS WELL ☐   OTHER   INJECTION

8. Well No.   72

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator   205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat
VACUUM GRAYBURG SAN ANDRES

4. Well Location

Unit Letter ___G___ : ___2630___ Feet From The __NORTH__ Line and __1330__ Feet From The __EAST__ Line

Section __36__   Township __17S__   Range __34E__ NMPM   LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3991' 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 OPERATION	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
OTHER: BEGAN CO2 INJECTION			☒

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.

7/23/97
Order No. R-5530-E
Began CO_2 injection @ a rate of 8589 MCFD @ 1695 psi. Maximum allowed CO_2 injection pressure by Order is 1850 psi.

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

SIGNATURE _____   TITLE **Engr Asst**   DATE __7/24/97__

TYPE OR PRINT NAME   **Monte C. Duncan**   Telephone No.   397-0418

(This space for State Use)   ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0