CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Ininerals and Natural Resources Department

Form C-103 Revised 1-1-8

DeSoto/Nichols 12-93 ver 1.0

District Office	Energy, and	oralo dila matara m	csources Department		Revised 1-1-89
DISTRICT I	OIL CO	NSERVATIO	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-025-25697	
<u>DISTRICT II</u> <b>P.O.</b> Box Drawer DD, Artesia, I	NM 99210 Santa	Fe, New Mexico	87504-2038	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, i DISTRICT III	NIVI 60210			STATE	FEE [
1000 Rio Brazos Rd., Aztec, N	M 87410			6. State Oil / Gas Lease No. B - 15	<u>5</u> 5
SUNE	ORY NOTICES AND R	EPORTS ON WEL	<u>.</u> L		
(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 Agreeme	nt Name
DIFFERE	(FORM C-101) FOR SU		EKMII	CENTRAL VACUUM UNIT	
1. Type of Well: OIL. WELL	GAS OTHE				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No. 72	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or Wildcat	
4. Well Location				VACUUM GRAYBURG S.	AN ANDRES
Unit LetterG	; <u>2630</u> Fe	et From The NOR1	TH Line and 1330	Feet From TheEAST	_Line
Section 36	Township 1	7S R	Range 34E NA	MPMLEA_	COUNTY
	10. Elevation	(Show whether DF, RK	(B, RT,GR, etc.) 3991' GL		
11. C	heck Appropriate Bo	x to Indicate Na	ture of Notice, Repor	t, or Other Data	
NOTICE OF INT	ENTION TO:		SI	JBSEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABA	NDON	REMEDIAL WORK	ALTERING CASIN	iG 🔲
TEMPORARILY ABANDON	CHANGE PLANS	; <u> </u>	COMMENCE DRILLING OP	ERATION PLUG AND ABAN	IDONMENT
PULL OR ALTER CASING		_	CASING TEST AND CEME	NT JOB	_
OTHER:				IPMENT UPGRADE FOR CO2 INJEC	CTION 🖂
CO2 INJECTION. CIRCD H	GLASS DUO-LINE INJECT HOLE W/ PKR FLUID, SE ROM SURFACE TO PKR S ECTION. HED, COPY OF CHART C	TION TUBING AND N TPKR @ 4246'. SET @ 4246' AS PEI		G-6 INJECTION PKR IN PREPAI TO 280# FOR 30 MINUTES, HEL	
I hereby certify that the information above is to SIGNATURE  TYPE OR PRINT NAME  (This space for State Use)	Monte C. Dunc	TITLE Engr	Asst	DATE <u>6</u> Telephone No.	5/16/97 397-0418
APPROVED BY	SHOUT SUR WAS	TITLE		DATE	

