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OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1565	

**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. FOR APPLICATION FOR PERMIT USE FORM C-101 FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ **WATER INJECTION**

Operator **TEXACO Inc.**

Address of Operator  
**P. O. BOX 728, HOBBS, NEW MEXICO 88240**

Location of Well  
UNIT LETTER **D** **1310** FEET FROM THE **North** LINE AND **1310** FEET FROM  
THE **West** LINE, SECTION **36** TOWNSHIP **17-S** RANGE **34-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
**4005' (GR)**

7. Unit Agreement Name
<b>CENTRAL VACUUM UNIT</b>
8. Farm or Lease Name
<b>CENTRAL VACUUM UNIT</b>
9. Well No.
<b>55</b>
<b>VACUUM GRAYBURG</b> <b>SAN ANDRES</b>
12. County
<b>LEA</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

Describe in detail or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SUBJECT WELL WAS COMPLETED AS SHUT-IN WATER INJECTION  
ON 2-18-78, PENDING COMPLETION OF INJECTION  
FACILITIES. PLEASE BE ADVISED THAT ON 12-17-78,  
WATER INJECTION BEGAN IN SUBJECT WELL.

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

SIGNED Jerry Sexton TITLE ASST. DIST. SUPT. DATE 1-23-79

Orig. Signed by  
**Jerry Sexton**  
**Dist. 1, Supr.**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: