Form C-103 Revised 1-1-89

DATE

DeSoto/Nichois 12 93 ver 1 0

Enc Minerals and Natural Resources Department

Submit 3 copies to Appropriate District Office

District Office						
DISTRICT I	00040	OIL	CONSERVA	ATIC	N DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM	P.O. Box 2088				30-025-25723	
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					5. Indicate Type of Lease STATE FEE FEE	
P.O. Box Drawer DD, Artesia, Nim 30210 DISTRICT III_						6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec,	NM 87410)				B - 1565
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					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						8. Well No. 57
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES
4. Well Location	D .	1310	Foot From The	NORT	H Line and 1330	Feet From The EAST Line
Unit Letter	В :	1310 Towns				MPM LEA COUNTY
Section					B, RT,GR, etc.) 3979' GL	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF I		•				UBSEQUENT REPORT OF:
			AND ABANDON		REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	님		SE PLANS		COMMENCE DRILLING OF	PERATION PLUG AND ABANDONMENT
TEMPORARILY ABANDON		CHAIT	32 (2) ((0)	ш	CASING TEST AND CEME	_
PULL OR ALTER CASING OTHER:				П	OTHER:	CHGD OUT EQUIPMENT FOR CO2
6/23/97 - 6/25/97 1. MIRU, INSTALLED BOP 2. CHANGED OUT WELLE 3. TIH W/ NEW 4 1/2* GUI SET INJECTION PKR 6 4. RETURNED WELL TO 1 (ORIGINAL CHART ATTAC (INTERNAL TEPI STATUS) OPT 7-10-97 INJECTING 1	HEAD TO NE BERSON G- 2 4253'. TST NJECTION. CHED, COPY REMAINS:	W CO2 6 CO2 I D CSG OF CH INJ)	NIECTION WELLH NIECTION PACKER TO 500 PSI FOR 30 NART ON BACK)	IEAD. ON 141	JTS 2 3/8" DUO-LINE IN	& CIRCD CLEAN
Thereby certify that the information about SIGNATURE TYPE OR PRINT NAME	to (2)	my	C. Duncan	Ena	r Asst	DATE <u>7/15/97</u> Telephone No. 397-0418
(This space for State Use)			1 <u>_1. √</u> 00			

APPROVED BY__

CONDITIONS OF APPROVAL, IF ANY:

