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|----------------|--|--|
| OF COMMISSION  |  |  |
| STATION NUMBER |  |  |
| DATE           |  |  |
| C              |  |  |
| U.S.           |  |  |
| NO OFFICE      |  |  |
| ERATOR         |  |  |

# NEW MEXICO OIL CONSERVATION COMMISSION

Effective 1-1-65

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO TITLE OR FOR REPORTS ON WELLS TO A DIFFERENT RESERVOIR. USE APPLICATION FOR LEASES AND REPORTS ON WELLS FOR SUCH PURPOSES.

OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection

Name of Operator TEXACO Inc.

Address of Operator P.O. Box 728, Hobbs, New Mexico 88240

Location of Well  
UNIT LETTER B, 1310 FEET FROM THE North LINE AND 1330 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E N.M.P.M.

13. Elevation (Show whether DF, RT, GR, etc.) 3993' (GR)

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No. 13-1565

7. Unit Agreement Name Central Vacuum Unit

8. Name of Lease Holder Central Vacuum Unit

9. Well No. 57

10. Field and Pool, or Wildcat Vacuum Grayburg-San Andres

12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

ENFORCE REMEDIAL WORK ☐

EMERGENCY ABANDON ☐

WELL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

CONDUCE DRILLING OPER. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☒

7. 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.

Subject well was completed as Shut-In Water Injection on 2-15-78, pending completion of injection facilities. Please be advised that on 12-11-78, 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 [Signature] TITLE Asst. Dist. Supt DATE 12-14-78

ORIG. SIGNED BY Jerry Sexton TITLE Dist. 1, Supv. DATE DEC 15 1978

APPROVED BY \_\_\_\_\_

NOTATIONS OF APPROVAL, IF ANY: