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LAND OFFICE		
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-155
7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Farm or Lease Name CENTRAL VACUUM UNIT
9. Well No. 71
10. Well Name VACUUM GRAYBURG SAN ANDRES
11. County LEA

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.
(1) APPLICATION FOR PERMIT (2) FORM C-1011 FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> WATER INJECTION
12. Name of Operator TEXACO Inc.		
13. Address of Operator P. O. BOX 728, HOBBS, NEW MEXICO 88240		
14. Location of Well UNIT LETTER G 2630 FEET FROM THE North LINE AND 2623 FEET FROM East 36 TOWNSHIP 17-S RANGE 34-E N.M.P.M.		

15. Elevation (Show whether DF, RT, GR, etc.)
4003' (GR)

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

16. 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 2-22-78, 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
APPROVED BY Jerry Sexton TITLE DATE JAN 26 1979
CONDITIONS OF APPROVAL, IF ANY.