State of New Mexico

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Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

Minerals and Natural Resources Department

DISTRICT	OIL CONS	SERVATI	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 883	240	P.O. Box 208		30-025-25730	
DISTRICT II	Magazio Santa F		o 87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NI DISTRICT III	.VI 60210			STATE 🔀	FEE
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / Gas Lease No. B- 2146	
	RY NOTICES AND REP			5 2110	
(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 Agreement Nam	8
(FORM C-101) FOR SUCH	PROPOSALS.)		CENTRAL VACUUM UŅIT	
1. Type of Well: OIL WELL	GAS WELL OTHER	INJECTION			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No. 82	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or Wildcat	
4. Well Location				VACUUM GRAYBURG SAN AND	RES
Unit Letter K	: 1333 Feet F	rom The SOU	TH Line and 2528	Feet From The WEST Line	
Section 36	Township 17S		Range 34E N	MPMLEA_COUNT	. Y
	·		KB, RT,GR, etc.) 3394' GL		
11. Ch	**************************************				
Cii	eck Appropriate Box t	io Indicate Na	iture of Notice, Repor	t, or Other Data	
NOTICE OF INTE	ENTION TO:		St	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ои 📋	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OP	ERATION PLUG AND ABANDONME	NT 🔲
PULL OR ALTER CASING			CASING TEST AND CEME	-	
OTHER:		<u>U</u>	OTHER: ACIE	DIZED & CHG OUT WELLHEAD FOR CO2	🗵
 TIH W/ TREATING PKR & RB MAX P = 1843#, AIR = 4.4 BPM TIH W/ NEW 2 3/8" RICE DUC SET PKR @ 4208". 	SP. SET RBP @ 4547 & PM. M. RELEASED & TOH WAY DELINE INJECTION TUBING M SURFACE TO PKR SET TO NEW CO2 INJECTION WPD @ 1221 PSI COPY OF CHART ON BAG	KR @ 4188'. ACI TREATING PKR G & NEW 4 1/2" (@ 4208' AS PEI	IDIZED PERFS FROM 434 & RBP. GUIBERSON G-6 CO2 INJ R NMOCD GUIDELINES T	ED FILL @ 4868', CLEANED OUT TO 40'-4547' W/ 4000 GAL 15% NEFE. SECTION PACKER. CIRCD HOLE W/ POSSO# FOR 30 MINUTES, HELD OK.	
I hereby certify that the information above is true SIGNATURE	and complete to the best of my knowled	ge and belief. TITLE Engr	Asst	DATE 7/7/97	
TYPE OR PRINT NAME	Monte C. Duncan	cc		Telephone No. 397-0	418
				3010	
	AMBO BY CHRIS WILL FOR I SUPPRIVISOR	IAMS TITLE		DATE	
Mark 1 2 2 2		 	 		

