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# 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	

## 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 - FORM C-101 FOR SUCH PROPOSALS.)

1. Indicate Type of Well	2. Name of Operator
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WATER INJECTION	TEXACO Inc.
3. Location of Well	4. Unit Agreement Name
P. O. BOX 728, HOBBS, NEW MEXICO 88240	CENTRAL VACUUM UNIT
5. Location of Well	6. Form or Lease Name
UNIT LETTER J -1380 FEET FROM THE South LINE AND 1330 FEET FROM East LINE, SECTION 36 TOWNSHIP 17-S RANGE 34-E NMPM.	CENTRAL VACUUM UNIT
7. Well No.	8. County
83	LEA
9. Elevation (Show whether DF, RT, GR, etc.)	10. County
3988' (GR)	LEA

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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Place on Injection

11. Describe in brief 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 6-5-78, PENDING COMPLETION OF INJECTION

FACILITIES. PLEASE BE ADVISED THAT ON 4-1-79,

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.

SIGNATURE [Signature] TITLE ASST. DIST. SUPT. DATE 4-10-79

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 12 1979

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 1 1977  
OIL CONSERVATION COMM.  
RUDS. H. M.