

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| | |
|--|---|
| WELL API NO. 30-025-25733 | |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE |
| 6. State Oil / Gas Lease No. | NM- 878 |
| 7. Lease Name or Unit Agreement Name | CENTRAL VACUUM UNIT |
| 8. Well No. | 93 |
| 9. Pool Name or Wildcat | VACUUM GRAYBURG SAN ANDRES |
| 10. Elevation (Show whether DF, RKB, RT.GR, etc.) 3982' GL | |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS
(FORM C-101) FOR SUCH PROPOSALS.

| | |
|--|--|
| 1. Type of Well: | OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION WELL <input type="checkbox"/> |
| 2. Name of Operator | TEXACO EXPLORATION & PRODUCTION INC. |
| 3. Address of Operator | 205 E. Bender, HOBBS, NM 88240 |
| 4. Well Location | Unit Letter M : 10 Feet From The SOUTH Line and 1136 Feet From The WEST Line Section 31 Township 17S Range 35E NMPM LEA COUNTY |
| 10. Elevation (Show whether DF, RKB, RT.GR, etc.) 3982' GL | |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐ CSG INTEGRITY TEST ☒

12. 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.

6-13-01: NOTIFY NMOCD.

TEST CSG TO 520# FOR 30 MINS - OK CHART FOR NMOCD.
(ORIGINAL & COPY OF CHART ATTACHED)

PKR SET @ 4181'

PERFS: 4299-4706

RETURN WELL TO INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 6/20/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

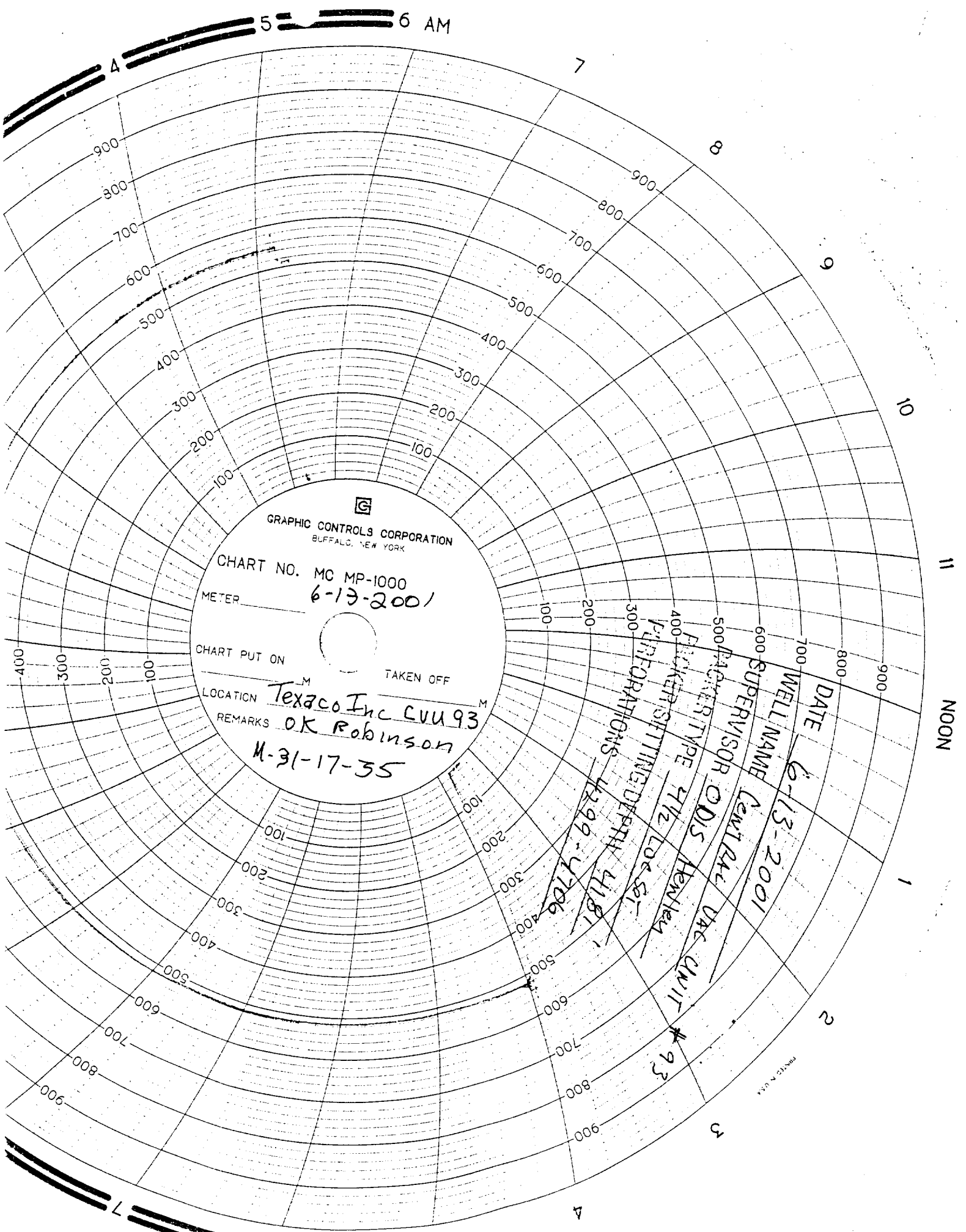
APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

ORIGINAL SIGNED BY
GARY WINK
FIELD REP II

DATE



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000
6-13-2001

METER

CHART PUT ON

TAKEN OFF

LOCATION *Texaco Inc CVU 93*
REMARKS *OK Robinson*
U-31-17-35

DATE

6-13-2001

SUPERVISOR *Levi R. L. VAC*

FLICKER TYPE *4 1/2 Loe Set*

PERFORATIONS *4299-4706*

4181

11 NOON

1

2

3

4

7