Form C-103
Revised 1-1-89

Submit 3 copies
to Appropriate
District Office

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	
30-025-25733	
5. Indicate Type of Lease	STATE ✓ FEE
6. State Oil / Gas Lease No.	NM- 878

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 PERMI
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL —   GAS WELL —   OTHER   WATER INJECTION WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator   205 E. Bender, HOBBS, NM 88240

7. Lease Name or Unit Agreement Name
CENTRAL VACUUM UNIT

8. Well No.   93

9. Pool Name or Wildcat
VACUUM GRAYBURG SAN ANDRES

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___	✓

Altering Casing ✓ (checked)

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.

3-20-01: TESTED CSG TO 620 PSI FOR 30 MINS - OK
PERFS: 4299-4706'
PKR SET @ 4281'

RETURNED TO INJECTION

ORIGINAL CHART & COPY OF CHART ATTACHED.

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

SIGNATURE _____ TITLE Engineering Assistant   DATE   3/28/01

TYPE OR PRINT NAME   J. Denise Leake   Telephone No.   397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____

DeSoto/Nichols 12-93 ver 1.0

JCS

DATE 3/20/01

WELL NAME Centrul Vac Unit #93

SUPERVISOR Otis Hexler

PACKER TYPE 4½" Gulberson GVF

PACKER SETTING DEPTH 4281

PERFORATIONS 4299 - 4706

Ⓖ
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER

CHART PUT ON _____ M   TAKEN OFF _____ M

LOCATION

REMARKS