Submit 3 copies
to Appropriate
District Office

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

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

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 WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
CENTRAL VACUUM UNIT

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.   93

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

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: PERFORMED MIT & RETURNED TO INJECTION			☒

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.

11-19-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4289' as per NMOCD guidelines to 500# for 30 mins. Held OK.

2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
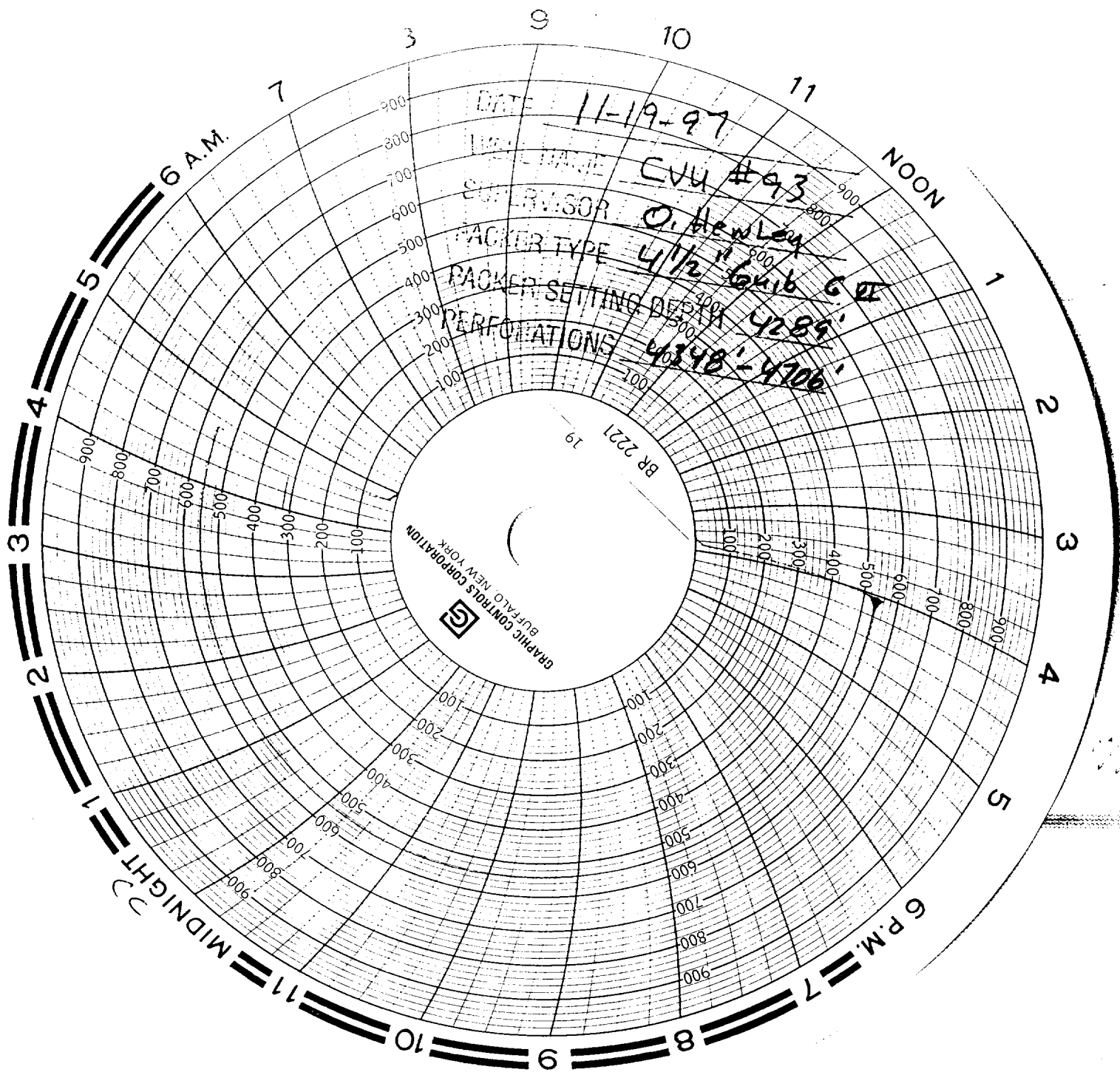
SIGNATURE _____ TITLE Engineering Assistant   DATE _1/5/98_

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

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

JCJS

DATE 11-19-97

LEASE NAME CVU #93

SUPERVISOR O. Hewley

PACKER TYPE 4½" 6x16 C II

PACKER SETTING DEPTH 4289'

PERFORATIONS 4348'-4706'

BR 2221
19

GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK