

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III
000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-25734
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B - 1861
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	94
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3979' GL	

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.)

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

Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

Well Location
Unit Letter O : 50 Feet From The SOUTH Line and 2549 Feet From The EAST Line
Section 31 Township 17S Range 35E NMPM LEA COUNTY

1. 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 OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: PERFORMED MIT & RETURNED TO INJECTION <input checked="" type="checkbox"/>	

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.

11-14-97

1. Notified NMOCD. Tested csg from surface to packer set @ 4241' as per NMOCD guidelines to 500# for 30 min. Held OK.

2. Returnec 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 *J. Denise Leake* TITLE Engineering Assistant

DATE 1/5/98

TYPE OR PRINT NAME J. Denise Leake

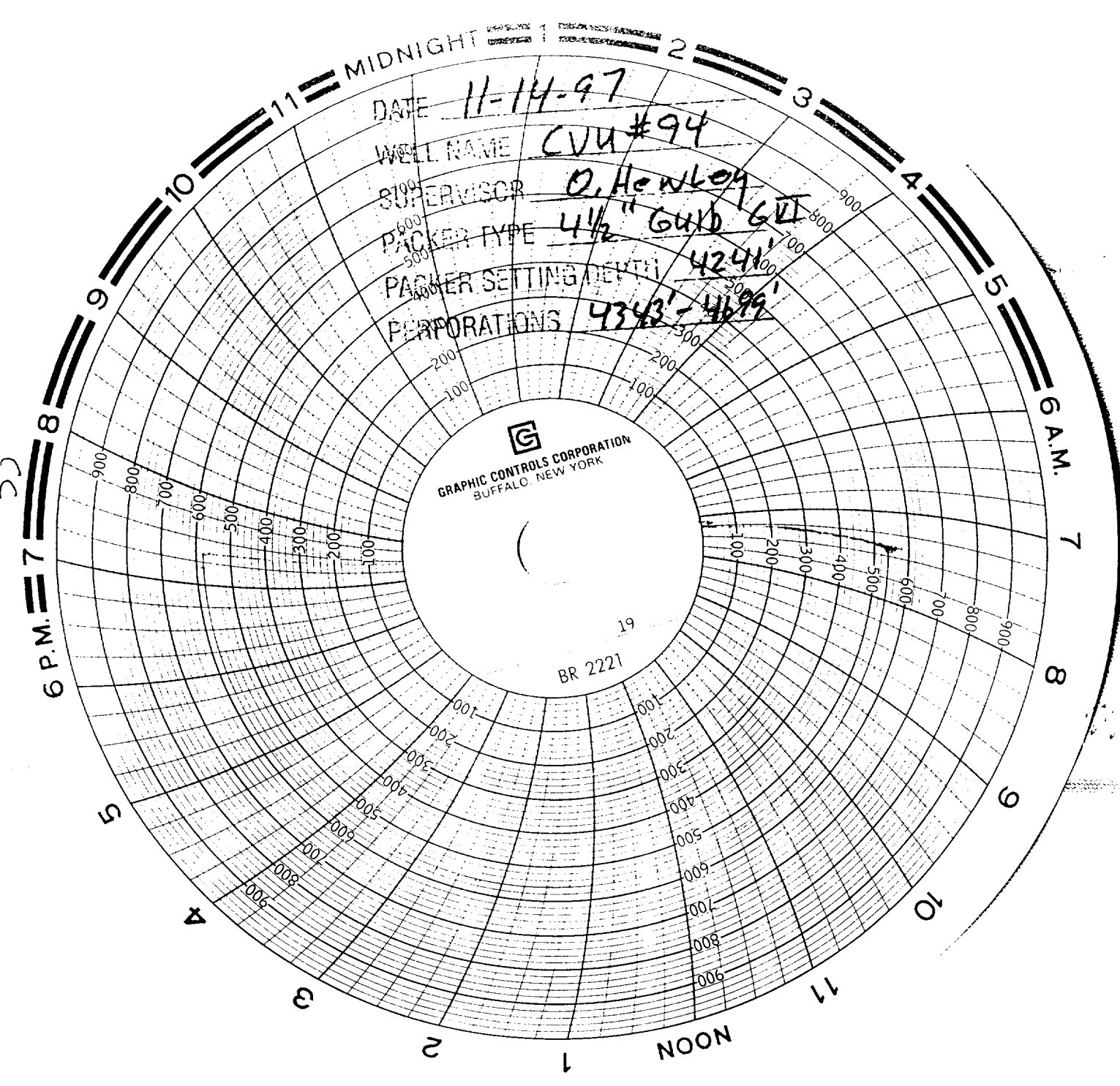
Telephone No. 397-0405

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



DATE 11-14-97

WELL NAME CVU #94

SUPERVISOR O. Henley

PACKER TYPE 4 1/2" GULF GU

PACKER SETTING DEPTH 4241'

PERFORATIONS 4343' - 4699'

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

74545678901