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LAND OFFICE		
OPERATOR		

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-1861	

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.  
(APPLICATION FOR PERMIT - "FORM C-101" FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- <input checked="" type="checkbox"/> WATER INJECTION
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7. Unit Agreement Name
CENTRAL VACUUM UNIT

8. Name of Operator
TEXACO Inc.

8. Farm or Lease Name
CENTRAL VACUUM UNIT

9. Address of Operator
P. O. BOX 728, HOBBS, NEW MEXICO 88240

9. Well No.
94

10. Location of Well
UNIT LETTER 0 50 FEET FROM THE South LINE AND 2549 FEET FROM

10. Location of Well
VACUUM GRAYBURG SAN ANDRES

11. Township and Range
THE East LINE, SECTION 31 TOWNSHIP 17-S RANGE 35-E N.M.P.M.

11. Township and Range

12. Elevation (Show whether DF, RT, GR, etc.)
3969' (GR)

12. County
LEA

13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	OTHER <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>			
PULL OR ALTER CASING <input type="checkbox"/>			

SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input checked="" type="checkbox"/> COMMENCE WATER INJECTION	

14. 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.

SUBJECT WELL WAS COMPLETED AS SHUT-IN WATER INJECTION  
ON 4-12-79, PENDING COMPLETION OF INJECTION  
FACILITIES. PLEASE BE ADVISED THAT ON 5-2-79,  
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.

SIGNED <u>C. L. [Signature]</u>	TITLE <u>ASST. DIST. SUPT.</u>	DATE <u>5-4-79</u>
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APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
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CONDITIONS OF APPROVAL, IF ANY:

MAY 7 1979