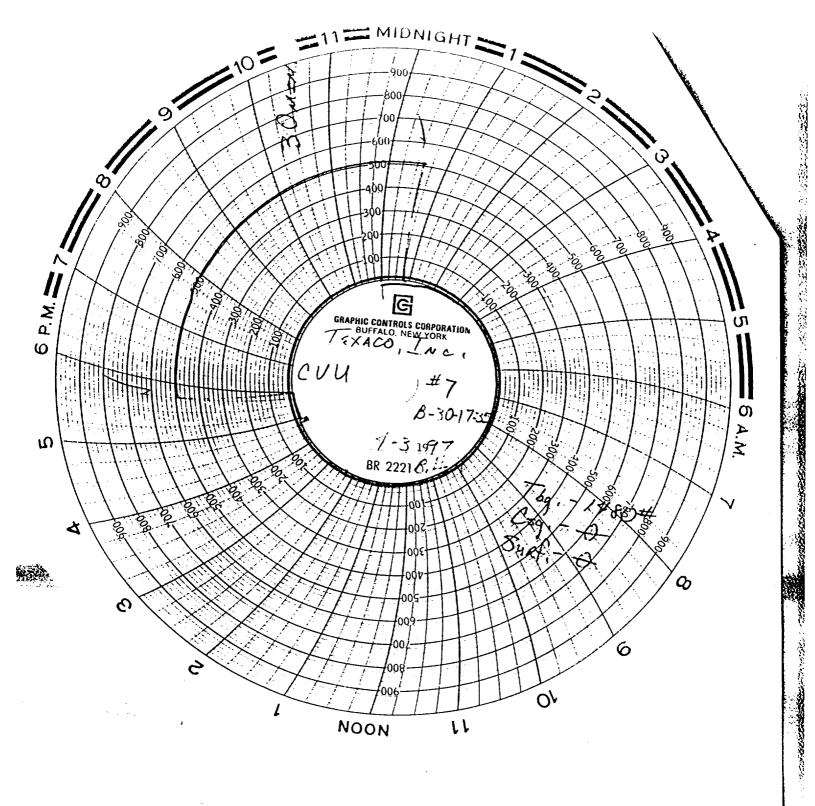
State of New Mexico

Minerals and Natural Resources Department Ene

Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate District Office DISTRICT OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-25792 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE 🔀 FEE DISTRICT III 6. State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B-8667-1 SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT **CENTRAL VACUUM UNIT** (FORM C-101) FOR SUCH PROPOSALS.) OIL GAS 1. Type of Well: WELL OTHER INJECTION 8. Well No. 2. Name of Operator **TEXACO EXPLORATION & PRODUCTION INC.** 9. Pool Name or Wildcat 3. Address of Operator 205 E. Bender, HOBBS, NM 88240 VACUUM GRAYBURG SAN ANDRES 4. Well Location 1310 Feet From The NORTH Line and 1330 Feet From The EAST Unit Letter ____B : Section 30 Township 17S Range __35E NMPM LEA COUNTY 10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3989 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** П PERFORMED CSG INTEGRITY & RETD TO INJ Ш OTHER: OTHER: 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. 4/3/97 1. NOTIED NMOCD. TESTED 4 1/2" CASING FROM SURFACE TO PACKER SET @ 4426' AS PER NMOCD GUIDELINES TO 500# FOR 30 MINUTES, HELD OK. 2. RETURNED WELL TO INJECTION. (ORIGINAL CHART TURNED INTO NMOCD INSPECTOR ON LOCATION, COPY OF CHART ON BACK) (INTERNAL TEPI STATUS REMAINS: INJ)

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE | ngr Asst DATE6/16/97 |
|--|------------------------|
| TYPE OR PRINT NAME Monte C. Duncan | Telephone No. 397-0418 |
| (This space for State Use) ORIGINAL D. DIST HE STATE DIST | |
| APPROVED BY TITLE | DATE |



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