

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-25792

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-8667-1

7. Lease Name or Unit Agreement Name
CENTRAL VACUUM UNIT

8. Well No.
7

9. Pool name or Wildcat
VACUUM GRAYBURG SAN ANDRES

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

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

2. Name of Operator
Texaco Exploration and Production Inc.

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

4. Well Location
Unit Letter B : 1310 Feet From The NORTH Line and 1330 Feet From The EAST Line
Section 30 Township 17-S Range 35-E NMPM LEA
County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3989' GR

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REPEAT CASING INTEGRITY TEST ☒

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.

THE ABOVE WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST DUE TO A PACKER LEAK.

7-26-93

1. REPAIRED INJECTION PACKER.
2. NOTIFIED NMOC D OF CASING INTEGRITY TEST.
3. TESTED 4 1/2" CASING FROM SURFACE TO PACKER SET @ 4428' AS PER NMOC D GUIDELINES TO 500# FOR 30 MINUTES, HELD OK.
4. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 8-3-93

TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY Paul Kautz TITLE Geologist DATE AUG 05 1993

CONDITIONS OF APPROVAL, IF ANY:

