Submit 3 Copies to Appropriate District Office

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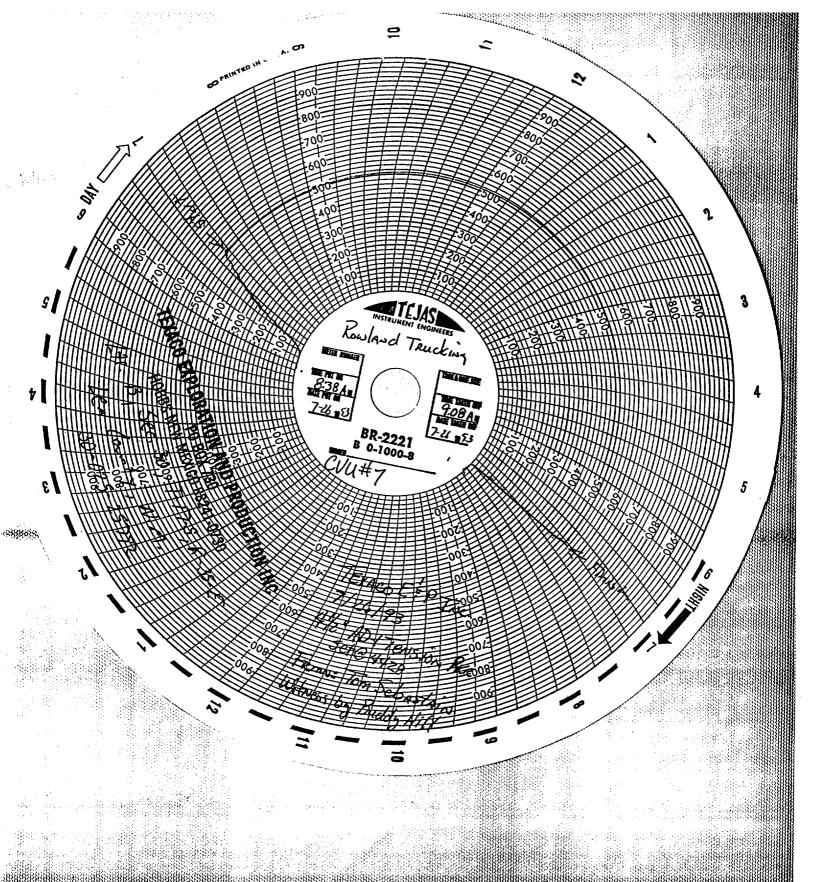
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT | P.O. Box 1980, Hobbs, NM 8824U

OIL CONSERVATION DIVISION WELL APLNO

7.0. Bux 1980, Hobbit, NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-25792 5. Indicate Type of Lease		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III				STATE X	FEE 🗌
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. B-8667-1		
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"					
			7. Lease Name or Unit Agreement Name		
(FORM C	-101) FOR SUCH PROPOSALS.)		CENTRAL V	ACUUM UNIT	
1. Type of Well: Oil [] GAS []					
WELL OTHER INJECTION WELL 2. Name of Operator					
Texaco Exploration and Production Inc.			8. Well No.		
3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 730 Hobbs, NM 88240			VACUUM GRAYBURG SAN ANDRES		
4. Well Location			,	DOTTO ON THIS IL	
Unit Letter B: 13	10 Feet From The NORTH	Line and	1330 Feet From	The EAST	Line
					County
Section 30	Township 17-S R 10. Elevation (Show whether		NMPM LE	A	mm
	3989'				
II. Check	Appropriate Box to Indicate		enort or Other	Data	
NOTICE OF INT			SEQUENT RI		
			OLGOEIVI NI	EFORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON []	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDOI	MENT 🗌
PULL OR ALTER CASING CASING TEST AND CE			MENT JOB		
OTHER:		OTHER: REPEAT CA	SING INTEGRITY	TEST	X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.	tions (Clearly state all pertinent details, a	nd give pertinent dates, includ	ling estimated date of	starting any proposed	
THE ABOVE WELL HAD FAIL	ED A PREVIOUS CASING INTEG	RITY TEST DUE TO A	PACKER LEAK.		
7-26-93 1. REPAIRED INJECTION PACKE	R.				
2. NOTIFIED NMOCD OF CASING	INTEGRITY TEST.				
3. TESTED 4 1/2" CASING FRO	OM SURFACE TO PACKER SET	@ 4428' AS PER NM(OCD GUIDELINES	TO 500# FOR	
30 MINUTES, HELD OK.					
4. RETURNED WELL TO INJECT	rion.				
(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 TOTA COM	тп	LE ENGINEER'S ASS	ISTANT	DATE 8-3-93	
TYPE OR PRINT NAME MONTE C. DUNG	CAN			телерноме но.393-	7191
(This space for State Use)	ode Of				
= ₹	rig. Signed by Paul Kautz				
APTROVED BY	Cools ment	LE		— DATE —AHG O	5 1002
CONDITIONS OF APPROVAL, IF ANY:				HUU U	v 1333



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