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LAND OFFICE		
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
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-8667-1
7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Farm or Lease Name CENTRAL VACUUM UNIT
9. Well No. 7
VACUUM GRAYBURG SAN ANDRES
11. County LEA

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. (A MODIFICATION 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
1. Name of Operator TEXACO Inc.		
2. Address of Operator P. O. BOX 728, HOBBS, NEW MEXICO 88240		
3. Location of Well UNIT LETTER <u>B</u> <u>1310</u> FEET FROM THE <u>North</u> LINE AND <u>1330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>30</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> N.M.P.M.		

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

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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 1-5-79, PENDING COMPLETION OF INJECTION
FACILITIES. PLEASE BE ADVISED THAT ON 1-16-79,
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 [Signature] TITLE ASST. DIST. SUPT. DATE 1-23-79

APPROVED BY [Signature] TITLE ASST. DIST. SUPT. DATE 1-23-79

CONDITIONS OF APPROVAL, IF ANY: