Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONCEDIA	4 TY	AN DIVICION			
P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.	30-025-25794	
DISTRICT II P.O. Box 2088 Santa Fe, New Mexico 87504-2088				5. Indicate Typ		
P.O. Box Drawer DD, Artesia, NW 66210				o. maioaio 17	STATE []	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil / G		
	NOTICES AND REPORTS OF	N WEI			B- 1722	
(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.)				ì	e or Unit Agreement Nume ACUUM UNIT	
1. Type of Well: OIL GAS OTHER WATER INJECTION WELL						
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	29	
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240				9. Pool Name o	or Wildcat JUM GRAYBURG SAN ANDRI	=s
4. Well Location				1 47.50	JOHN CHAIDONG CANTANDA	
Unit LetterL	; 1330 Feet From The	SOUT	TH Line and 1238	Feet From T	he WEST Line	
Section 30	Township 17S	R	ange 35E NM	1PM	LEA COUNT	′
	10. Elevation (Show whether D	F, RKB,	RT,GR, etc.) 3990' GL			
11. Che	ck Appropriate Box to Indica	te Na	ture of Notice, Repor	t, or Other [Data	
NOTICE OF INTEN	NTION TO:		l su	JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	П	REMEDIAL WORK		ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS	\Box	COMMENCE DRILLING OPE	RATION [PLUG AND ABANDONMEN	тÄ
PULL OR ALTER CASING		_	CASING TEST AND CEMEN			
OTHER:		П	OTHER:			
1/9/95 -1/12/95 1. MIRU, INSTALLED BOP, TOH V 2. SET TREATING PKR @ 4400', AIR = 4-5 BPM. SI 1 HR, FLOW 3. TOH W/ PKR. TIH W/ NEW AD TSTD CSG TO 540 PSI FOR 30 4. RETURNED WELL TO INJECT (ORIGINAL CHART ATTACHED OPT 1-17-95 INJECTING 763 B	TSTD CSG TO 500#, OK. ACIDIZE ZED BACK. D-1 INJ PKR ON 142 JTS RICE DUC MIN, HELD OK. JON. D, COPY OF CHART ON BACK)	ED PER	FS FROM 4460 4752 W	6000 GALS 20		
Thereby certify that the information above is true and of SIGNATURE TYPE OR PRINT NAME (This space for State Use)	Monte C. Duncan	Engr	Asst		DATE <u>1/30/95</u> Telephone No. 397-04	
APPROVED BY	r transla by Leery Sexton Kolony Certer (1984)				FEB (1)	1995

