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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
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-1722

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

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER: WATER INJECTION	7. Unit Agreement Name CENTRAL VACUUM UNIT
8. Farm or Lease Name TEXACO Inc.			8. Farm or Lease Name CENTRAL VACUUM UNIT
9. Well No. P. O. BOX 728, HOBBS, NEW MEXICO 88240			9. Well No. 5
10. Location of Well			10. Location of Well
UNIT LETTER D 1310 FEET FROM THE North LINE AND 1238 FEET FROM			10. Location of Well
THE West LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E NMPM.			10. Location of Well
15. Elevation (Show whether DF, RT, GR, etc.) 3992' (GR)			12. County LEA

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 Commence Water Injection <input checked="" 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 3-6-79, PENDING COMPLETION OF INJECTION
FACILITIES. PLEASE BE ADVISED THAT ON 5-2-79,
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 <u>[Signature]</u>	TITLE ASST. DIST. SUPT.	DATE 5-3-79
APPROVED BY <u>[Signature]</u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		