Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

_ DATE JUL 19 1993

DISTRICT I

OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-25813 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 📙 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E-2706 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" CENTRAL VACUUM UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL METT OTHER INJECTION WELL 8. Well No. 2. Name of Operator 25 Texaco Exploration and Production Inc. 9. Pool name or Wildcat 3. Address of Operator VACUUM GRAYBURG SAN ANDRES P. O. Box 730 88240 Hobbs, NM Well Location 1504 Feet From The : 1330 Feet From The _ SOUTH Line and Line Unit Letter K County LEA **NMPM** 34-E 17**-**\$ Range Township Section 10. Elevation (Show whether Dir, RKB, RT, GR, etc.) 4004' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: CURTAILED INJECTION PRESSURE OTHER: _ 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 WAS INJECTING AT A PRESSURE OF 1050 PSI DURING A PRESSURE TEST WITNESSED BY THE NMOCD ON 5-24-93. 5-27-93 CURTAILED INJECTION PRESSURE TO 900 PSI, NMOCD PRESSURE LIMIT IS 907 PSI. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ENGINEER'S ASSISTANT DATE 7-15-93 SIGNATURE _ TELEPHONE NO.393-7191 TYPE OR PRINT NAME MONTE C. DUNCAN (This space for State Use)

. m.e._

CONDITIONS OF APPROVAL, IP ANY:

APPROVED BY .

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR