

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-25817
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2245

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" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION WELL			
2. Name of Operator Texaco Exploration and Production Inc.		8. Well No. 30	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240		9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location Unit Letter <u>K</u> : <u>1360</u> Feet From The <u>SOUTH</u> Line and <u>2560</u> Feet From The <u>WEST</u> Line Section <u>30</u> Township <u>17-S</u> Range <u>35-E</u> NMPM LEA County			
		10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3987' GR	

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: REPEAT CASING INTEGRITY TEST <input checked="" type="checkbox"/>	

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 INJECTION WELL HAD FAILED A PREVIOUS CASING INTEGRITY TEST
THE INJECTION PACKER & TUBING WERE REPLACED.

1-20-93

1. NOTIFIED NMOCD OF CASING INTEGRITY TEST.
2. TESTED 4 1/2" CASING FROM SURFACE TO PKR SET @ 4439' AS PER NMOCD GUIDELINES TO 460# FOR 30 MIN. HELD OK.
3. RETURNED WELL TO INJECTION.

(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 Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 1-29-93
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

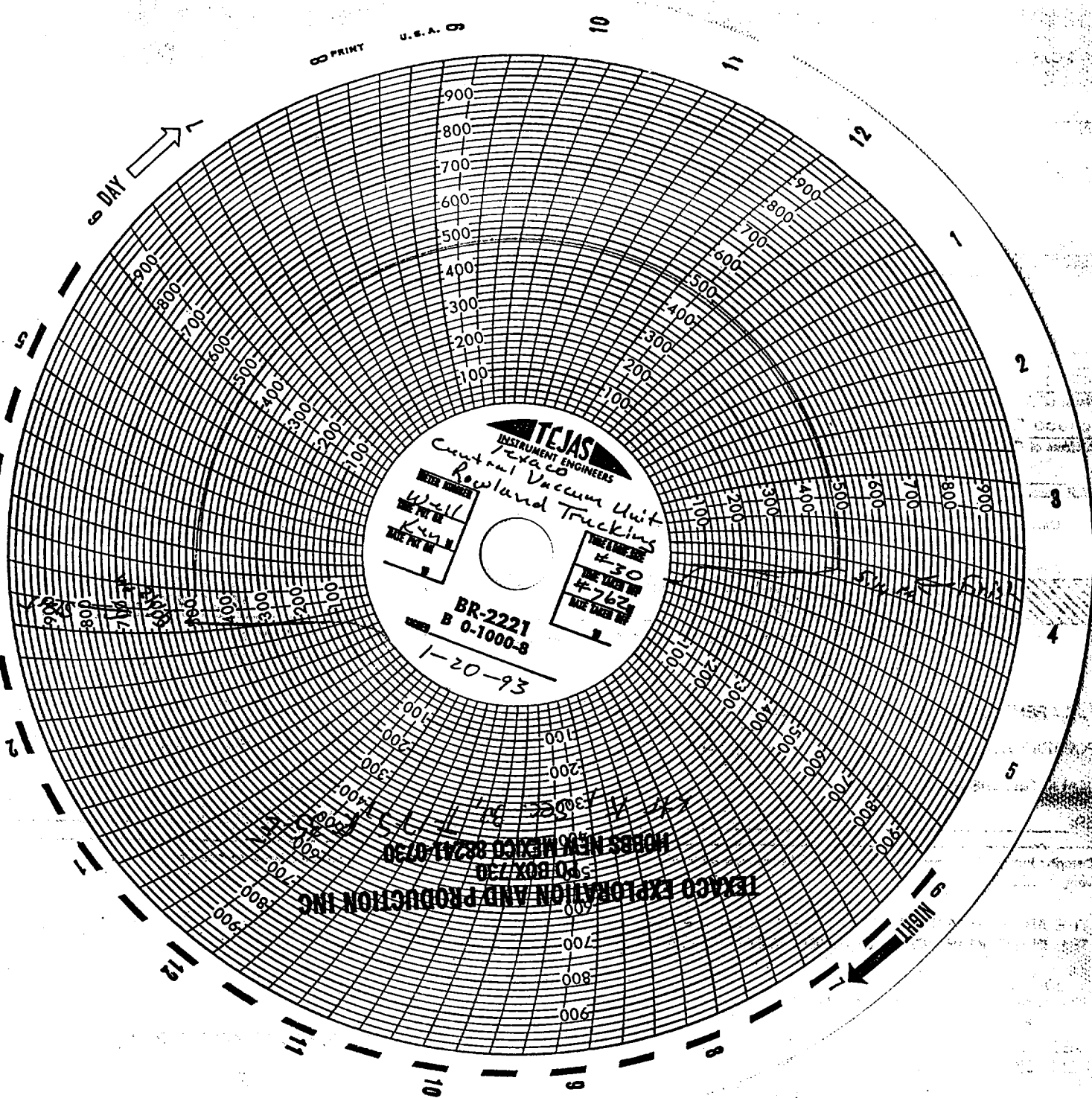
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 01 1993

PRINT U.S.A. 9

DAY



RECEIVED

JAN 29 1993

CCO HOBBS OFFICE