Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office

Type of Well:

2. Name of Operator

3. Address of Operator

P. O. Box 730

Section

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

OTHER:

PERFORM REMEDIAL WORK

MET

4. Well Location

DISTRICT I P.O. Box 1980, Hobbs, NM 8824U

P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 30-025-27966 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE 🗌 STATE X 6. State Oil & Gas Lease No. B-2076 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" CENTRAL VACUUM UNIT (FORM C-101) FOR SUCH PROPOSALS.) OTHER INJECTION WELL 8. Well No. Texaco Exploration and Production Inc. 156 9. Pool name or Wildcat VACUUM GRAYBURG SAN ANDRES 88240 Hobbs, NM 1330 Feet From The WEST SOUTH Line _ ; ___ 2340 Feet From The _ Line and _ County Range 34-E LEA 17-S Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4005' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS** CASING TEST AND CEMENT JOB OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 2. PERFD 5 1/2" CSG W/ 2 JSPF FR 4430'-4436', 4453'-4461', 4502'-4506'. (21 INT-42 HLES)

1/7/93 - 1-12-93 1. MIRU. TOH W/ INJ EQUIP. C/O TO 4740'.

GAS U

- 3. ACIDIZED PERFS FR 4432'-4735' W/ 5,000 20% HCL NEFE.
- 4. SET PKR @ 4330', CIRCD PKR FLUID, TESTED CSG TO 500# FOR 30 MIN, OK.

5. RETURNED WELL TO INJECTION.				
AFTER 1/13/93 1370 BWPD @ 850 PSI				
(ORIGINAL CHART ATTACHED, COPY OF CHART ON BAC	CK)			
I hereby certify that the information above is true and complete to the best of my knowled signature		r. Engineer's assistant	DATE_	2-1-93
TYPEOR PRINT NAME MONTE C. DUNCAN			TRLEPI	IONE NO.393-7191
(This space for State Use) (This space Use) (This space for State Use) (This space Use) (FEB 03 1993
APPROVED BY	mre _		DATE	
CONDITIONS OF APPROVAL, IF ANY:				

