State of New Mexico

Form C-103 Revised 1-1-89

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Minerals and Natural Resources Department

District Office					
DISTRICT I	OIL CONSERVATION DIVISION	WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088	30-025-27970			
DISTRICT II	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NM 88210	o Santa i S, i i i i i i i i i i i i i i i i i	STATE ✓ FEE			
DISTRICT III		6. State Oil / Gas Lease No.			
1000 Rio Brazos Rd., Aztec, NM 87410		B-155			
SUNDRY NO	TICES AND REPORTS ON WELLS	* * * * * * * * * * * * * * * * * * *			
(DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ERVOIR. USE "APPLICATION FOR PERMI	7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT			
OFFERENT RESI	C-101) FOR SUCH PROPOSALS.				
1. Type of Well: OIL GAI WELL WE	LAZATED IN JECTION				
Name of Operator TEXACO E	XPLORATION & PRODUCTION INC.	8. Well No. 160			
Address of Operator 205 E. Ben	der, HOBBS, NM 88240	Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES			
4. Well Location					
Unit Letter E :	2602 Feet From The NORTH Line and 35	Feet From The WEST Line			
Section 36	Township 17S Range 34E N	MPM LEA COUNTY			
	10. Elevation (Show whether DF, RKB, RT,GR, etc.)	3B			

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

4004' GR

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT		
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS		COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB		
OTHER:			OTHER: PERFORMED MIT & RETURNED TO INJECTION		

6-27-00:

- 1. Notified NMOCD. Tested csg from surface to packer set @ 4252' as per NMOCD guidelines to 540# for 30 mins. Held OK.
- 2. Returned to injection.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

I hereby certify that the information above safturland complete to the best of my knowledge and belief				
I hereov certify that the information above strugtand complete to the best of my knowledge and belief. SIGNATURE TITLE	Engineering Assistant		DATE	8/25/00
TYPE OR PRINT NAME J. Denise Leake			Telephone No.	397-0405
(This space for State Use)				1 AMARICA
APPROVED 80 NDITIONS OF APPROVAL IF ANY TITLE		_DATE_	DeSoto: Nicho	ls 12-93 ver 1 0

^{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.

