Cubmit 3 coniac			OLIVEW				Form C-103	
Submit 3 copies to Appropriate District Office	Er	, Minerals and I	Natural F	Resources Department			Revised 1-1-8	
DISTRICT	OH	CONSERV	JATI	ON DIVISION	WELL API NO	`	•	
P.O. Box 1980 Hobbs, NM 88240								
DISTRICT II	P.O. Box 2088					30-025-31204		
P.O. Box Drawer DD, Artesia	a, NM 88210	Santa Fe, Nev	/ Mexic	o 87504-2088	5. Indicate Ty		· -	
DISTRICT III					C State Oil /	STATE	FEE	
1000 Rio Brazos Rd., Aztec,	NM 87410				o. State Oil /	Gas Lease No. NM-81	78	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.						7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT		
Type of Well: OIL WELL	— GAS WELL	OTHER CO2	NJECTI	ON				
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						345		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240					Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES			
4. Well Location							774151420	
Unit Letter	N : 1310	Feet From The	e SOU	ITH _Line and _1850	Feet From	The WEST	Line	
Section 31	Town	ship 17S		Range 35E N	MPM	LEA_C	OUNTY	
	10. E	evation (Show whethe	r DF, RKE	3, RT,GR, etc.) 3986' GR				
11.	Check Appropr	iate Box to Indic	ate Na	ture of Notice, Report	, or Other [Data	388)	
NOTICE OF I	INTENTION TO			·		NT REPORT	OF·	
PERFORM REMEDIAL WOR	K PLUG A	ND ABANDON	_	REMEDIAL WORK	7	ALTERING CASING		
TEMPORARILY ABANDON	CHANG	E PLANS	_	COMMENCE DRILLING OP		PLUG AND ABAND		
PULL OR ALTER CASING			<u></u>			1 COO AND ABAND	DIMMEN I	
				TEST CSC & DETURN TO INV				
OTTIEN.				OTHER:	1531 636 6	S RETURN TO INJ	_	
 Describe Proposed or C proposed work) SEE RU 	ompleted Operations JLE 1103.	(Clearly state all pe	ertinent o	details, and give pertinent d	ates, includinç	g estimated date of	starting any	
4-19-01:								
TEST 7" CSG TO 930# FO	R 30 MIN-OK. PKR	SET @ 4218'.						
PERFS: 4309-4690'								
ORIGINAL CHART & COPY	Y OF CHART ATTAC	HED.						

I hereby certify that the information brove is true and complete to the backof my knowledge and belief. SIGNATURE LUBBILE	Engineering Assistant	DATE
TYPE OR PRINT NAME J. Denise Leake		Telephone No. 397-0405
(This space for State Use)	· ·	Million V.
APPROVED BYNDITIONS OF APPROVAL IF ANY: TITLE	18. 18.	DATE

