## State of New Mexico

Submit 3 copies to A-propriate District Office

Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

En€

District Office			
DISTRICT I	<b>OIL CONSERVAT</b>	ION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		30-025-31701	
DISTRICT II			5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088			STATE STATE
DISTRICT III			6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			B-2706
SUNDRY NOT	7. Lease Name or Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT			VACUUM GLORIETA WEST UNIT
(FORM C-101) FOR SUCH PROPOSALS.)			-
1. Type of Well: OIL GAS OTHER INJECTION			
2. Name of Operator			8. Well No. 40
TEXACO EXPLORATION & PRODUCTION INC.			9. Pool Name or Wildcat
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240			VACUUM GLORIETA
4. Well Location  Linit Letter K : 1590 Feet From The SOUTH Line and 2404 Feet From The WEST Line			
Olik Ediki			
Section 25			
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4001' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON CASING TEST AND CEMENT			
PULL OR ALTER CASING			GEL TREATMENT
OTHER:		<u> </u>	
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.			
12/28/95 - 12/29/95			
1. SHUT-OFF INJECTION OF WATER TO WELL. MIRU POLYMER PUMP TRUCK TO WELLHEAD.			
2. ESTD PUMP RATE W/ FRESH WATER, PUMPED 1522 BBLS OF GEL. OVERFLUSHED W/ 30 BBLS FRESH WATER. SI 72 HRS.			
3. RETURNED WELL TO INJECTION.			
OPT 3/31/96 INJECTING 1000 BWPD @ 686 PSI			
(INTERNAL TEPI STATUS REMAINS INJ)			
I hereby certify that the information above is true and com	plete to the best of my knowledge and belief.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Thorte Com	CLY TITLE EI	ngr Asst	DATE <u>4/15/96</u>
TYPE OR PRINT NAME N	Monte C. Duncan		Telephone No. 397-0418

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

\_TITLE\_

DATE