## Submit 3 opies to Appropriate District Office

## State of New Mexico

Energy, ....nerals and Natural Resources Department

Form C-103 Revised 1-1-89

| DISTRICT I                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                             | Revise                                                        | ea 1-1-89 |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------|
| DISTRICT I                                                                                        | OIL CONSERVA                                                                                                                                                                                     | ATION DIVISION                                                                                                                                              | WELL API NO.                                                  |           |
| P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088                                                      |                                                                                                                                                                                                  |                                                                                                                                                             | 30-025-33711                                                  |           |
| DISTRICT II                                                                                       | Santa Ee New M                                                                                                                                                                                   | 1exico 87504-2088                                                                                                                                           | 5. Indicate Type of Lease                                     | -         |
| P.O. Box Drawer DD, Artesia, NM 882                                                               | 210 Santa i e, New IV                                                                                                                                                                            | TEXICO 07 304-2000                                                                                                                                          | STATE                                                         | FEE 🦳     |
| DISTRICT III                                                                                      |                                                                                                                                                                                                  |                                                                                                                                                             | 6. State Oil / Gas Lease No.                                  |           |
| 1000 Rio Brazos Rd., Aztec, NM 8741                                                               | 0                                                                                                                                                                                                |                                                                                                                                                             | 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 |           |
|                                                                                                   | TICES AND REPORTS ON                                                                                                                                                                             |                                                                                                                                                             |                                                               |           |
| (DO NOT USE THIS FORM FOR PRO                                                                     | ERVOIR. USE "APPLICATION                                                                                                                                                                         |                                                                                                                                                             | 7. Lease Name or Unit Agreement Name                          |           |
|                                                                                                   | C-101) FOR SUCH PROPOSA                                                                                                                                                                          |                                                                                                                                                             | CENTRAL VACUUM UNIT                                           |           |
| 1. Type of Well: OIL GAS WELL WEL                                                                 | I I                                                                                                                                                                                              |                                                                                                                                                             |                                                               |           |
| 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.                                          |                                                                                                                                                                                                  |                                                                                                                                                             | 8. Well No.<br>167                                            |           |
| 3. Address of Operator P.O. Box 2100, Denver Colorado 80201                                       |                                                                                                                                                                                                  |                                                                                                                                                             | 9. Pool Name or Wildcat                                       |           |
| 4. Well Location                                                                                  |                                                                                                                                                                                                  |                                                                                                                                                             | VACUUM GRAYBURG-SAN ANDR                                      |           |
| Unit Letter G :                                                                                   | 2000 Feet From The                                                                                                                                                                               | NORTH Line and 2630                                                                                                                                         | Feet From The EAST Line                                       |           |
|                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                             |                                                               |           |
| Section 36                                                                                        | ·                                                                                                                                                                                                | Range 34-E NN                                                                                                                                               | MPMLEA_COUNTY                                                 |           |
| 11. Check A                                                                                       | 10. Elevation (Show whether                                                                                                                                                                      | 4000                                                                                                                                                        |                                                               | :         |
| Check A                                                                                           |                                                                                                                                                                                                  | e Nature of Notice, Report                                                                                                                                  | , or Other Data                                               |           |
| NOTICE OF INTENTION                                                                               | ON TO:                                                                                                                                                                                           | SU                                                                                                                                                          | JBSEQUENT REPORT OF:                                          |           |
| PERFORM REMEDIAL WORK                                                                             | PLUG AND ABANDON                                                                                                                                                                                 | REMEDIAL WORK                                                                                                                                               | ALTERING CASING                                               |           |
| TEMPORARILY ABANDON                                                                               | CHANGE PLANS                                                                                                                                                                                     | COMMENCE DRILLING OPE                                                                                                                                       | ERATION PLUG AND ABANDONMENT                                  | $\Box$    |
| PULL OR ALTER CASING                                                                              |                                                                                                                                                                                                  | CASING TEST AND CEMEN                                                                                                                                       | BOL TV                                                        | _         |
| OTHER:                                                                                            |                                                                                                                                                                                                  | OTHER:                                                                                                                                                      | COMPLETION                                                    | 冈         |
| any proposed work) SEE RULE 110  1. MIRU SCH. RUN GR-CCL LOG FF                                   | 03.<br>ROM 4813'-3500'. PERF'D W/<br>'8', 4586'-4590', 4632'-4638', 46'<br>' WORK STRING. SET PKR @<br>'78-4738' W/ 18,000 GALS 159'<br>'8" WORKSTRING. PU AND F<br>'OR, PUMP (19.25'), TBG, VAI | 4 JSPF: 4378'-4383', 4386'-4388<br>644'-4648', 4653'-4670', 4675'-47<br>9 4321'. 01-11-97.<br>6 NEFE HCL & 7500 # ROCK SA<br>VAN 144 JTS 2-3/8" TBG TO 4510 | 6'. 01-14-97.                                                 | rting     |
| I hereby certify that the information above is true and complete SIGNATURE  TYPE OR PRINT NAME  S | to the best of my knowledge and belief.  TITLE  Theilla D. Reed-High                                                                                                                             | Eng. Assistant.                                                                                                                                             | DATE <u>1/22/97</u><br>Telephone No. (303)62                  | 1-4851    |
|                                                                                                   |                                                                                                                                                                                                  |                                                                                                                                                             | <u> </u>                                                      |           |

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

JAN 3 1 1397