

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-160

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Water Injection</u>	7. Unit Agreement Name
2. Name of Operator	<u>Eunice Monument Unit</u>
3. Address of Operator	8. Farm or Lease Name
<u>Texaco, Inc.</u>	<u>Eunice Monument Unit</u>
4. Location of Well	9. Well No.
UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM	10. Field and Pool, or Wildcat
THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>20-S</u> RANGE <u>37-E</u> NMPM.	<u>Eunice-Monument</u>
	<u>Grayburg San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
<u>3528' (DF)</u>	<u>Lea</u>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Change of Status</u> <input checked="" type="checkbox"/>	

17. 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.

Change of Well Status from Shut-In water injection to active water injection, effective: 2-14-82.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 2-26-82

ORIGINAL SIGNED BY

APPROVED BY [Signature] TITLE Asst. Dist. Mgr. DATE MAR 1 1982

CONDITIONS OF APPROVAL, IF ANY: