

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30 025 12241

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B- 9519

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. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Injection Well

2. Name of Operator

Texaco Exploration and Production Inc.

3. Address of Operator

P. O. Box 730 Hobbs, NM 88240

4. Well Location

Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line
County

Section 29 Township 24-S Range 38-E NMPM LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3201' GL

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Convert to Injection ☒

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.

- 1) MIRU. Pulled production equipment.
- 2) TIH w/ workstring, bit and scraper cleaned 5 1/2 " casing to 6754'.
- 3) Ran casing inspection log 6754-3756'.
- 4) Acidized 6628-6722' w/1500 gals 15% NEFE.
- 5) Ran 2 3/8" polyethylene lined injection tubing w/packer set at 6585'.
- 6) Test casing/packer (Chart attached, copy on reverse).
- 7) 09-03-93: Inject 140 BWPD @ 1275# (perfs 6628-6722)

RE: WFX-646

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

SIGNATURE

L.W. Johnson

TITLE

Engr Asst

DATE 11-09-93

TYPE OR PRINT NAME

L.W. Johnson

TELEPHONE NO. 505-393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE NOV 19 1993

CONDITIONS OF APPROVAL, IF ANY:

