

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

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

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

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

WELL API NO. 30-025-31930
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1306
7. Lease Name or Unit Agreement Name NEW MEXICO 'R' STATE NCT-3
8. Well No. 25
9. Pool name or Wildcat VACUUM DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3984', KB-3998'

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.
3. Address of Operator P. O. Box 3109 Midland, Texas 79702
4. Well Location Unit Letter <u>1</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>18-SOUTH</u> Range <u>34-EAST</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3984', KB-3998'

11. 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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: ADD PERFS AND STIMULATE <input checked="" type="checkbox"/>

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.

ADDED PERFS TO DRINKARD FORMATION:  
1. UNION PERFED 7586-7612, 7632-7656, 7667-7682, 7688-7726. 1 JSPF. 104 HOLES.  
2. DOWELL ACIDIZED WITH 25000 GAL 20% HCL. 06-08-93.  
3. TIH WITH 2 7/8 TUGING SET @ 7521'.  
4. TEST PRIOR: 332 BO, 303 MCF, 60 BW, GOR 941. 4-30-93  
5. TEST AFTER: 505 BO, 398 MCF, 54 BLW, GOR 788. 24 HOUR TEST ON 06-12-93.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE C.P. Basham/cwh TITLE DRILLING OPERATIONS MANAGER DATE 06-14-93  
TYPE OR PRINT NAME C. P. BASHAM TELEPHONE NO. 915-6884620

(This space for State Use)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1993