

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. Box 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. 30-025-20212

5. Indicate Type of Lease STATE [] FEE [x]

6. State Oil / Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELL (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.)

7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT

1. Type of Well: OIL WELL [x] GAS WELL [] OTHER []

8. Well No. 36

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.

9. Pool Name or Wildcat VACUUM GLORIETA

3. Address of Operator 205 E. Bender, HOBBS, NM 88240

4. Well Location Unit Letter 1650 Feet From The SOUTH Line and 790 Feet From The EAST Line Section 25 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3997' DF

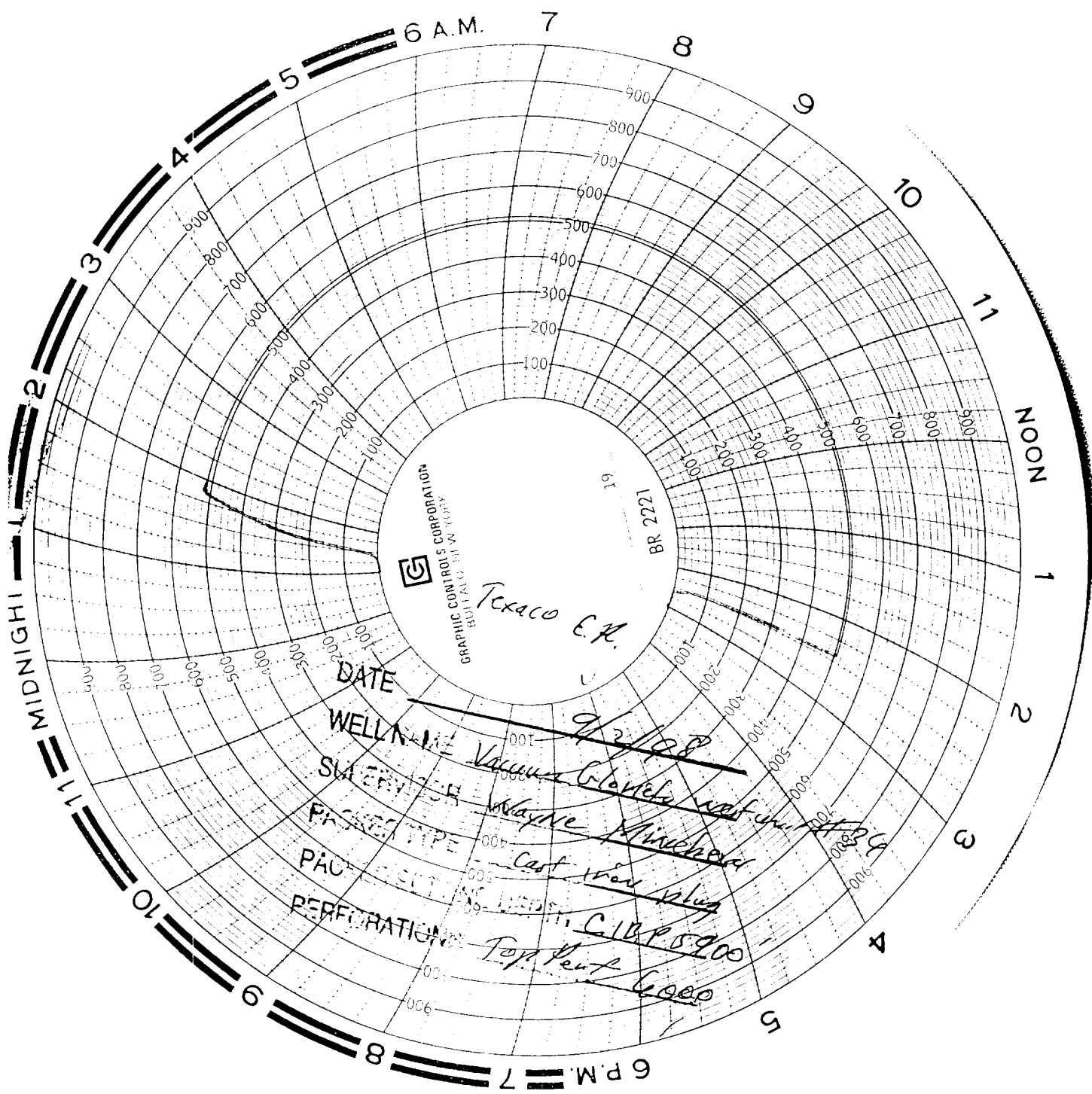
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [], TEMPORARILY ABANDON [], PULL OR ALTER CASING [], OTHER []. SUBSEQUENT REPORT OF: REMEDIAL WORK [], COMMENCE DRILLING OPERATION [], CASING TEST AND CEMENT JOB [], MECHANICAL INTEGRITY TEST [x].

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.

9-02-98: 1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO CIBP SET @ 5900' AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK. 2. STATUS GOES FROM SHUT-IN TO ASD EFFECTIVE 9-8-98. (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE Engineering Assistant DATE 9/22/98 TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS APPROVED BY [Signature] DISTRICT I SUPERVISOR TITLE DATE CONDITIONS OF APPROVAL, IF ANY: DeSoto/Nichols 12-93 ver 1.0




 GRAPHIC CONTROLS CORPORATION
 BUFFALO, NEW YORK

BR 2221

Texaco E.K.

DATE 9/2/68
 WELL NAME Vacuum Control
 SILENCE BY Wayne Mineberg
 PACER TYPE Cast Iron Plug
 PERFORATION Top Vent 6000