

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-31708

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-2706

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

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

2. Name of Operator
Texaco Exploration and Production Inc.

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

8. Well No.
79

9. Pool name or Wildcat
VACUUM GLORIETA

4. Well Location
Unit Letter K : 2561 Feet From The SOUTH Line and 1351 Feet From The WEST Line
County

Section 36 Township 17-S Range 34-E NMPM LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4004' GR

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 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: <u>BEGAN INJECTION OF WATER</u> <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.

12/23/92

BEGAN INJECTION OF FRESH WATER INTO WELL.

RATE @ APPROXIMATELY 1200 BBL FRESH WATER ON A VACUUM

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 1-8-93
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR TITLE _____ DATE JAN 15 1993

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Call. Dng.
3-17-2000