Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IP ANY:

District Office		•		2012-1-	
DISTRICT I P.O. Box 1980, Hobbs, NM 8824U OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-025-20	949	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mer	xico 87504-2088	5. Indicate Type of Leas	STATE X	FEE 🗌
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Leas B-1056-1		<u> </u>
SUNDRY NOTIC	ES 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.)			7. Lease Name or Unit Agreement Name NEW MEXICO "Q" STATE		
1. Type of Well: Oil.	OTHER				
2. Name of Operator			8. Well No.		
Texaco Exploration and Production Inc. 3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 730 Hobbs, N	IM 88240		VACUUM GLORIE		
•	O Feet From The SOUTH		2100 Feet From The	EAST	Line County
Section 25	Township 17-S 10. Elevation (Show wi	Range 34-E hether DF, RKB, RT, GR, etc.)	NMPM LEA		777777
	4009'				
11. Check A NOTICE OF INTI		cate Nature of Notice, R	eport, or Other Da		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AITT	ERING CASING	Г
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	<u> </u>	G AND ABANDON	NMENT 🗵
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB 🔲		
OTHER:		OTHER:			[
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ons (Clearly state all pertinent det	ails, and give pertinent dates, inclu	ding estimated date of start	ing any proposed	
1. NOTIFIED NMOCD. MIRU ON O			LED BOP, TOH W/	TBG.	
2. RU ON BLINEBRY STRING, AT FISHED AGAIN AND RECD RBP	TEMPTED TO FISH STUC	K RBP @ 4015' WITHOUT 95'.	SUCCESS. DRILLE	D OUT TO 401	6',
3. IN GLORIETA STRING SET CIB	P @ 6530' & CAPPED W	/ 35' CMT.			
4. IN BLINEBRY STRING, CAPPE	D CIBP @ 6530' W/ 35'	CMT.			
5. ESTD CIRC, PUMPED CMT TO) SURF IN BOTH STRINGS	.			
6. CUT OFF WELLHEAD & ANCH COMPLETION DATE 10/26/9	HORS, INSTALLED DRY HO 33.	OLE MARKER, CLEANED (OCATION.		
I hereby certify that the information above to true	and complete to the best of my knowle	dge and belief.			
SKONATURE Thorte Chris		TITLE ENGINEER'S ASS	SISTANT	DATE 11-8-93	
TYPE OR PRINT NAME MONTE C. DUNC	<u> </u>		-	TELEPHONE NO. 393	3-7191
(This space for State Use)	Lid	OIL & GAS	Inspection	DATUM 26	1991
APPROVED BY	MU	mre	1	DYAM LILL C 11	100 .