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 DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-20235 Santa Fe, New Mexico 87504-2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🔲 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-2706 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" VACUUM GLORIETA WEST UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL | Will X OTHER 8. Well No. 2. Name of Operator 33 Texaco Exploration and Production Inc. 9. Pool name or Wildcat 3. Address of Operator **VACUUM GLORIETA** Hobbs, NM 88240 P. O. Box 730 Well Location 660 Feet From The WEST : 1650 Feet From The SOUTH Line Line and Unit Letter \_\_\_\_ County **NMPM** LEA 34-E Township 17-S Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4019' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** X OTHER: ADD PAY AND ACIDIZE FORMATION OTHER: 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. TOH W/ PROD EQUIP. C/O TO 6515' (PBTD). PERF W/ 2 SPF FR 6017'-6031' (15'-30 HLES) & FR 6129'-6155' (27'-54 HLES) 2. SPT 150 GALS 20% NEFE ACROSS PERFS, SET PKR @ 5680", SQZ AN ADDL 150 GALS 20% NEFE. LOAD BS W/ FW. 3. A/ PERFS FR 5968'-6155' W/ 7000 GALS 20% NEFE, MAX P = 4000#, AIR = 4 BPM. SWAB BACK, TEST ZONE. 4. RETURN WELL TO PRODUCTION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE ENGINEER'S ASSISTANT DATE\_11-2-93 SKINATURE \_\_ TELEPHONE NO.393-7191 TYPE OR PRINT NAME MONTE C. DUNCAN

. m.e .

CONDITIONS OF APPROVAL, IF ANY:

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

NOV 04 1993