

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.
30-025-30968

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
548570

7. Lease Name or Unit Agreement Name
NEW MEXICO -O- STATE NCT-1

8. Well No.
32

9. Pool name or Wildcat
VACUUM GLORIETA

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 PRODUCING INC.

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

4. Well Location
Unit Letter G : 2310 Feet From The NORTH Line and 1900 Feet From The EAST Line
Section 36 Township 17-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-4001', KB-4014'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: COMPLETING ☒

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 COBRA WELL SERVICE. CLEAN OUT CASING TO PBTD OF 6250'. TESTED CASING TO 3000# FOR 30 MINUTES 12-18-90.
2. PENWOOD RAN GR-CCL FROM 6250' TO 5200'. PERFED w/ 2 JSPF: 6142-70, 6182-90. 72 HOLES. HALLIBURTON ACIDIZED WITH 1800 GAL OF 15% NEFE. 12-21-90.
3. RAN 2 7/8 TUBING, PUMP & RODS. PUMPED 24 HOURS 12-28-90. RECOVERED 4 BNO & 37 BLW.
4. TESTING.

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 SUPERINTENDENT DATE 01-17-91

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: