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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.  
30-025-31880

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-155-6

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

8. Well No.  
105

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 WATER INJECTION

2. Name of Operator  
Texaco Exploration and Production Inc.

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

4. Well Location  
Unit Letter N : 453 Feet From The SOUTH Line and 1340 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.)  
3999' GR

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: BEGAN INJECTION OF WATER ☒

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.

9/3/93

BEGAN INJECTION OF FRESH WATER INTO WELL.

RATE @ APPROXIMATELY 900 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 9-7-93

TYPE OR PRINT NAME MONTE C. DUNCAN

TELEPHONE NO. 393-7191

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**SEP 09 1993**

**RECEIVED**

**SEP 08 1993**

**COB HOBBS  
OFFICE**