

Submit 3 copies to Appropriate District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.	30-025-31702
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2706
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	52
9. Pool Name or Wildcat	Vaccum Glorieta
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	GR-4005', KB-4019'

SUNDRY NOTICES AND REPORTS ON WELL
(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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>N</u> <u>214</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>Lea</u> COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	GR-4005', KB-4019'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPERATION	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>	Performed Csg Integrity & Return to Inj	<input 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.

9/30/97

1. Notified NMOCD. Tested Csg from surface to packer set @ 5935' as per NMOCD guidelines to 500# for 30-mins, Held OK

2. Return to injection.

(Original chart attachment or copy on back)

(INTERNAL TEPI STATUS REMAINS INJ)

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

SIGNATURE Bobby G. McCurry TITLE Engineering Assistant DATE 10/10/97

TYPE OR PRINT NAME Bobby G. McCurry Telephone No. 397-0446

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 23 1997

CONDITIONS OF APPROVAL, IF ANY:

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C
B

