

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 Ric Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO	30-025-31786
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	30
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL  GAS WELL  OTHER  WATER INJECTION WELL

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator: 205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter J 2305 Feet From The SOUTH Line and 1391 Feet From The EAST Line  
Section 25 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3990'

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

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

- |  |   |  |   |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>          |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPERATION <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CEMENT JOB <input type="checkbox"/>  |   |
| OTHER: <input type="checkbox"/>                |   | OTHER: <input type="checkbox"/>                      | TESTED CASING <input checked="" 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.

7-31-00: NOTIFIED OCD. TESTED CSG TO 500# FOR 60 MINUTES - OK

PKR SET @ 5963.58

PERFS: 6034-6097

ORIGINAL CHART & COPY OF CHART ATTACHED

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 9/18/00

TYPE OR PRINT NAME J. Denise Leake

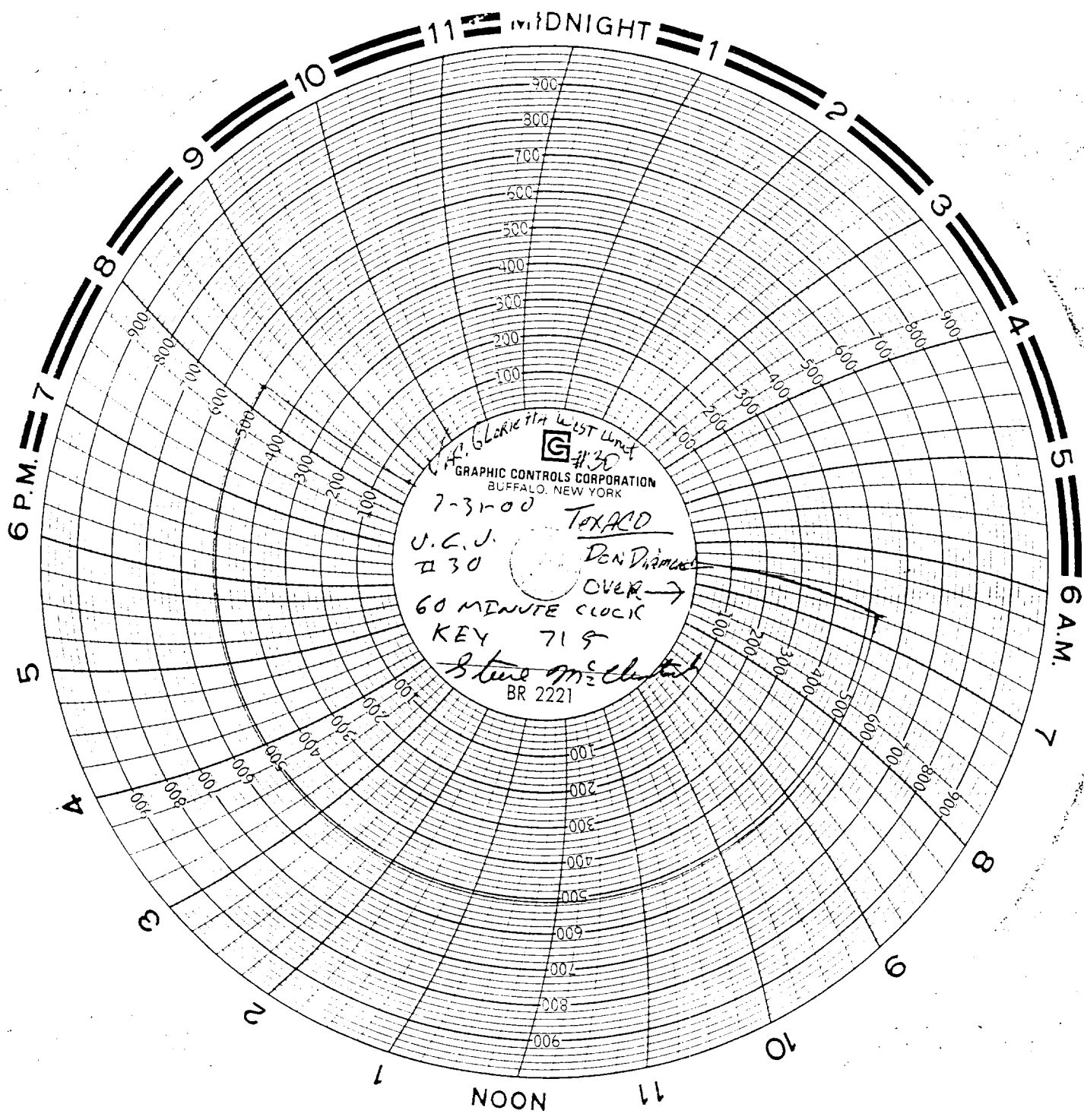
Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

MSV



City, Erie PA West Unit  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
7-31-00 TAXACO  
U.C.J. DON Diamant  
#30 OVER →  
60 MINUTE CLOCK  
KEY 719  
Steve McClinton  
BR 2221