Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2		WELL API NO. 30-025-20503	
DISTRICT II Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. B-1306	
SUNDRY NOTICES AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE DIFFERENT RESERVOIR. USE "APPLICATION FOR F (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name NEW MEXICO "R" STATE NCT1	
I. Type of Well: OIL GAS WELL X WELL OTHER			
2. Name of Operator		8. Well No.	
Texaco Exploration and Production Inc.		7 9. Pool name or Wildcat	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240		VACUUM ABO REEF	į
4. Well Location			
Unit Letter G: 2310 Feet From The NORTH	Line and	1650 Feet From The EAST	Line
Section 6 Township 18-S	Range 35-E	NMPM LEA	-y
	er DF, RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate	e Nature of Notice, R	eport, or Other Data	
NOTICE OF INTENTION TO:	SUE	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMER	1T 💢
PULL OR ALTER CASING	CASING TEST AND C		
OTHER:	OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details work) SEE RULE 1103.	, and give pertinent dates, incli	iding estimated date of starting any proposed	
1. CLEANED OUT TO 8110' (PBTD) STARTING DATE 2/18	/93		
2. LOADED HOLE W/ MUD.			
3. SET 2 7/8" CIBP @ 5950' & CAPPED W/ 1 SX CMT.			
4. SET 2 7/8" CIBP @ 4050' & CAPPED W/ 1 SX CMT.			
5. SET 2 7/8" CIBP @ 3040' & CAPPED W/ 1 SX CMT.			
6. PERFD 3 JH @ 1590', CIRCD 430 SXS CLASS C CMT To	O SURFACE.		
7. CUT OFF WELLHEAD & ANCHORS, INSTALLED DRY HOL MUD LADEN BRINE WAS SPACED BETWEEN ALL PLUGS	E MARKER, CLEANED	LOCATION. COMPLETION DATE 5/5/9	3
I hereby certify that the information above is true and complete to the best of my knowledge			
SKONATURE Think Com	TITLE ENGINEER'S ASS	SISTANT DATE 5/19/93	
MONTE O DUNGANI		202 7	
TYPEOR PRINT NAME MONTE C. DUNCAN		TELEPHONE NO. 393-7	191 ====
(This space for State Use)	OIL & GAS IN	uu 0.8 1993	191