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

OIL CONSERVATION DIVISION

WELL API NO.	
30-025-31129	
5. Indicate Type of Lease STATE X FEE	
6. State Oil & Gas Lease No. B-1306	
7. Lease Name or Unit Agreement Name	
NEW MEXICO -R- STATE NCT-1	

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-31129	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. B-1306	
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:		7. Lease Name or Unit Agreement Name NEW MEXICO -R- STATE NCT-1		
OIL X GAS WELL	OTHER			
2. Name of Operator TEXACO EXPLORATION AND PRO	DUCTION INC.		8. Well No.	
3. Address of Operator P. O. Box 3109 Midlan	d, Texas 79702		9. Pool name or Wildcat VACUUM GLORIETA	
4. Well Location Unit Letter _B :660	Feet From The NORTH	Line and	2135 Feet From The EAST Line	
Section 6	Township 18-SOUTH RI	inge 35-EAST	NMPM LEA County	
	GR-3967'	Dr, RRD, RI, OR, etc.)		
NOTICE OF INTER	_	SUB	eport, or Other Data SEQUENT REPORT OF: ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK COMMENCE DRILLING		
TEMPORARILY ABANDON	Change Plans	CASING TEST AND C		
PULL OR ALTER CASING		OTHER: COMPLETIN		
OTHER:		.1		
ACIDIZED w/ 4500 GAL 15% NEFE 3. TIH WITH PUMP. PUMP 4 BO & 4. MIRU TYLER UNIT 6-12-91. TO @ 5950' & TESTED TO 3000#. PE GAL 15% NEFE. SWAB 47 BO & 85. TOH w/ RBP. TIH w/ TUBING, I 6. PUMP 2 BO, 173 BW, & 58 MC 7. TESTING.	6140'. RESET RBP @ 6043 : 5987-89, 5992-6002, . 05-28-91. 103 BLW IN 24 HRS. 05- H W/ PUMP. TOH W/ RBP RF W/ 4 JSPF: 5884-94, 3 BLW IN 4.5 HRS. 06-14 PUMP & RODS. F IN 24 HRS. 06-19-91.	8 & TESTED TO 3000 6012-16, 6022-24, 30-91. . SET CIBP @ 6145'. 5897-5908. 84 HOI -91.		
I hereby certify that the information above is true and			NOVE 111110	
SIONATURE C.P. Basham	/cwh m	mle DRILLING OPERAT	FIONS MANAGER DATE 05-13-91	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE C.P. Basham/cwA	TITLE DRILLING OPERATIONS MANAGER	DATE 05-13-91				
TYPE OR PRINT NAME C. P. BASHAM		TELEPHONE NO. 915-6884620				
(This space for State Use) DAILDRELL WILD SEX FOR REACH SEXFON DAILS FOR REACHE OR						
APPROVED BY	_ ппи	DATE				

CONDITIONS OF APPROVAL, IF ANY: