j				•		
1	Submit 3 Copies to Appropriate District Office	State of New Mo Energy, Minerals and Natural R			Form C-103 Revised 1-1-89	
	DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-31859	)	
	DISTRICT II P.O. Drawer DD, Artesia, NM 88210				S. Indicate Type of Lease	
					STATE X FEE	
1				B-1733-2		
	( DO NOT USE THIS FORM FOR PRODIFFERENT RESER	SUNDRY NOTICES AND REPORTS ON WELLS NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT	
	1. Type of Well: Off GAS WELL GAS WELL	Type of Well:				
2. Name of Operator				8. Well No.		
ĺ	TEXACO EXPLORATION AND I	PRODUCTION INC.		120	1	
Ì	3. Address of Operator			9. Pool name or Wi	ldcat	
l	P. O. Box 3109 Mid	land, Texas 79702		VACUUM GLORI	ETA	
I	4. Well Location					
	Unit Letter B : 110	)2 Feet From The NORTH	Line and	1575 Feet From	The EAST Line	
	Section 1	Township 18-SOUTH RI	inge 34-EAST	NMPM LEA	County	
l		GR-3988', KB-4002	•	:		
(	11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:						
	MOTIOE OF INT		300		OITI OI :	
	PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LITERING CASING	
•	TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	3 OPNS. L	LUG AND ABANDONMENT	
ı	PULL OR ALTER CASING		CASING TEST AND C			
(	OTHER:	U	OTHER: COMPLETE	ON	<u>&amp;</u> _	
•	12. Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, ar	nd give pertinent dates, inclu	ding estimated date of s	starting any proposed	
	1. MIRU SERVICE UNIT AND TESTED CASING TO 3000# FOR 30 MINUTES 07-17-93. 2. UNION TIH AND TAGGED PBTD @ 6266'. RAN GR-CCL. PERFED W/ 2 JSPF: 6083-6113, 6120-6133, 6137-6164, 6176-6188. 164 HOLES. 3. DOWELL ACIDIZED WITH 3300 GAL 15% HCL. 07-17-93. 4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 6014'. 5. TESTED PACKER TO 520# FOR 30 MINUTES 07-22-93. 6. PREP FOR INJECTION.					
_	I hereby certify that the information above is true	110.				
	SIGNATURE U.Y. Dast	ram/SUH "	DRILLING OPERAT	IONS MANAGER	DATE 07-26-93	
	TYPE OR PRINT NAME C.P. BASHAM				TELEPHONE NO. 915-688462	

TYPE OR PRINT NAME C.P. BASHAM

(This space for State Use)

Orig. Signed by
Paul Kautz

Conditions of Approval, If any: