

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  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. 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. 30-025-31876
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1733-2
7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT
8. Well No. 121
9. Pool name or Wildcat VACUUM GLORIETA

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.
3. Address of Operator P. O. Box 3109 Midland, Texas 79702
4. Well Location Unit Letter <u>A</u> : <u>964</u> Feet From The <u>NORTH</u> Line and <u>90</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>18-SOUTH</u> Range <u>34-EAST</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3986', KB-4000'

**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:  
OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator  
TEXACO EXPLORATION AND PRODUCTION INC.

3. Address of Operator  
P. O. Box 3109 Midland, Texas 79702

4. Well Location  
Unit Letter A : 964 Feet From The NORTH Line and 90 Feet From The EAST Line

Section 1 Township 18-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GR-3986', KB-4000'

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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <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: COMPLETION <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.

1. MIRU SERVICE UNIT TIH TO PBTD @ 6298'. TESTED CASING TO 3000# FOR 30 MINUTES 08-05-93.
2. HLS RAN GR-CCL-FULL WAVE SONIC. UNION PERFERED W/ 2 JPSF: 5996-6019, 6024-6082, 6094-6126, 6170-6238. 362 HOLES.
3. DOWELL ACIDIZED WITH 7000 GAL 15% HCL, 08-06-93.
4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5913'.
5. TESTED PACKER TO 540# FOR 30 MINUTES 08-08-93.
6. PREP FOR INJECTION.

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

SIGNATURE C. P. Basham / SDH TITLE DRILLING OPERATIONS MANAGER DATE 08-11-93

TYPE OR PRINT NAME C.P. BASHAM TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY Paul Kantz TITLE Geologist DATE AUG 16 1993

CONDITIONS OF APPROVAL, IF ANY: