Submit 3 Copies

1. Type of Well: WELL

2. Name of Operator

Well Location

11.

OTHER:

Address of Operator

Section

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

P. O. Box 3109

to Appropriate District Office

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

WELL

State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department Revised 1.1.80 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-31879 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. B-1306-2 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) VACUUM GLORIETA WEST UNIT OTHER WATER INJECTION 8. Well No. TEXACO EXPLORATION AND PRODUCTION INC. 124 9. Pool name or Wildcat Midland, Texas 79702 **VACUUM GLORIETA** Unit Letter B: 1020 Feet From The NORTH Line and 1519 Feet From The EAST Line Township 18-SOUTH thip 18-SOUTH Range 35-EAST 10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM LEA County GR-3976', KB-3990' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: COMPLETION 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. TESTED CASING TO 3000# FOR 30 MINUTES 08-11-93.
- 2. UNION RAN GR-CCL. TAGGED PBTD @ 6307'. PERFED WITH 2 JSPF: 5917-5942, 6028-6056. 106 HOLES.
- 3. DOWELL ACIDIZED WITH 2100 GAL 15% HCL. 08-12-93. MIRU SERVICE UNIT.
- 4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5862'.
- 5. TESTED PACKER TO 520# FOR 30 MINUTES 08-13-93.
- 6. PREP FOR INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE C.P. Basham / SOH	e and belief. TITUE DRILLING OPERATIONS MANAGER	DATE 08-20-93	
TYPEOR PRINT NAME C.P. BASHAM		TELEPHONE NO.	915-6884620
(This space for State Use)			
ORIGINAL SIGNED BY JERRY SEXTON			
APPROVED BY DISTRICT I SUPERVISOR	TITLE -	DATE	
CONDITIONS OF APPROVAL, IP ANY:		AUG	24 1993