## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised	1-1-

District Office	-			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-31991	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lesse STATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lesse No. B-1031	
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 -AB- STATE		
OF A MET A	OTHER			
2. Name of Operator TEXACO EXPLORATION AND PI	RODUCTION INC.		8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
	and, Texas 79702		VACUUM DRINKARD	
4. Well Location  Unit Letter :2310  Section 6	O Feet From The SOUTH  Township 18-SOUTH Ra	Line and	2110 Feet From The EAST  NMPM LEA	Line
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	V//////	
XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	GR-3975'	Vatura of Nation D	anost or Other Data	
NOTICE OF INTI	ppropriate Box to Indicate I		SEQUENT REPORT O	)F·
L-1	F-7			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	using [
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. L PLUG AND A	BANDONMENT [_]
PULL OR ALTER CASING X		CASING TEST AND C	EMENT JOB	
OTHER: MOVED LOCATION AND CH	ANGE CASING PROGRAM X	OTHER:		
12. Describe Proposed or Completed Operati- work) SEE RULE 1103.	ons (Clearly state all pertinent details, as	nd give pertinent dates, incli	cling estimated date of starting any pr	oposed
MOVED LOCATION 225' NORTH A AMENDED CASING PROGRAM: SURFACE CASING - DRILL 11 INC 500 SACKS CLASS C w/ 4% GEL CACL2 (14.8 PPG, 1.32 CF/S,	CH HOLE. SET 8 5/8, 24#, V L, 2% CACL2 (13.5PPG, 1.74	VC-50, STC CASING	AT 1500'. CEMENT TO SUF	RFACE WITH w/ 2%
PRODUCTION CASING - NO CHANC	Œ.			
I hereby certify that the information above is true	and complete to the best of my knowledge and	belief.		
SIGNATURE C.P. Basher	m /cwH m	DRILLING OPERA	TIONS MANAGER DATE 10-	-14-93
TYPE OR PRINT NAME C. P. BASHAM			TELEPHONE	NO. 915-6884620
	GNED BY JERRY SEXTON		net.	18 1993
DISTR	CT I SUPERVISOR TO	rue	DATE	TO MA

CONDITIONS OF APPROVAL, IF ANY: