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 AD NO.

	30-025-3
New Mexico 87504-2088	00-020-0

P.O. Box 1980, Hoose, NM 88240 P.O. Box 2088	30-025-31992	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088	S. Indicate Type of Lesse	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE  6. State Oil & Gas Lease No. B-1733	
SUNDRY NOTICES AND REPORTS ON WELLS  ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:		
OIL X GAS OTHER		
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No.	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	9. Pool name or Wildcat	
4. Weli Location	VACUUM DRINKARD	
Unit Letter H : 1880 Feet From The NORTH Line and	660 Feet From The EAST Line	
Section 1 Township 18-SOUTH Range 34-EAST 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM LEA County	
11. Check Appropriate Box to Indicate Nature of Notice	e Report or Other Data	
•• •		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	LLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST A	CASING TEST AND CEMENT JOB	
OTHER: OTHER: COMPI	ETION X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates work) SEE RULE 1103.	including estimated date of starting any proposed	
1. MIRU SERVICE UNIT CLEANED OUT TO PBTD @ 7966'. TESTED CASING TO 3000# FOR 30 MINUTES 08-15-93. 2. WEDGE RAN GR-CPNL. UNION PERFED W/ 2 JSPF: 7540-7546, 7550-7555, 7560-7563, 7582-7588, 7592-7602, 7604-7614, 7622-7650, 7664-7672, 7683-7688, 7691-7698, 7702, 7704-7756, 7764-7772, 7774-7784, 7794-7818, 7833, 7836, 7840-7844, 7852-7856, 7862-7866, 7879, 7886, 7906-7910, 7925, 7931. 410 HOLES. 3. DOWELL ACIDIZED WITH 40000 GAL 20% HCL. 08-20-93. 4. TIH WITH 2 7/8 TUBING AND PACKER. SET PACKER @ 7462'. 5. FLOWED 539 BO, 20 BW, 350 MCF IN 24 HOURS. 08-24-93. 6. TESTING.		
AUTALORE	ERATIONS MANAGER DATE 08-27-93	
TYPEOR PRINT NAME C.P. BASHAM	TELEPHONE NO. 915-6884620	

- MLE --

(This space for State Use)

APPROVED BY -

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

DATE SEP 0 1 1993