CONDITIONS OF APPROVAL, IF ANY:

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 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-025-32018	
	5. Indicate Type of Lesse STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No. B-1306	
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.)	7. Lease Name or Unit Agreement Name NEW MEXICO 'R' STATE NCT-1	
1. Type of Well: OIL OAS WELL X WELL OTHER		
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No. 14	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	9. Pool name or Wildcat VACUUM DRINKARD	
4. Well Location Unit Letter B: 860 Feet From The NORTH Line and	2000 Feet From The EAST Line	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3975', KB-3989' 11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE	CASING TEST AND CEMENT JOB	
OTHER: OTHER:_COMPLETK	<u>ж</u>	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incluwork) SEE RULE 1103. 1. RIG UP DOWELL AND ESTABLISH INJECTION RATE ON 8 5/8 X 5 1/2 ANNULUS CEMENT DOWN ANNULUS W/ 179 SACKS 35/65 POZ CLASS H W/ 6% GEL, 5% SCF/S). 2. MIRU SERVICE UNIT CLEANED OUT TO PBTD @ 8130°. TESTED CASING TO 3000 3. UNION RAN GR-CCL. PERFED W/ 2 JSPF: 7572-7574, 7586-7588, 7608-76 7630, 7636-7664, 7666-7680, 7693-7698, 7714-7725, 7729-7741, 7743-7790-7792, 7797-7801, 7804-7807, 7816-7820, 7823-7832, 7834-7837, 7873-7875, 7881-7884, 7888, 7898, 7910-7913, 7915-7922, 7934-7944, 88092, 8098-8101. 386 HOLES. TIH WITH 2 7/8 TUBING & PACKER. SET PACKER 4. DOWELL ACIDIZED WITH 40000 GAL 20% HCL. 09-07-93. 5. FLOWED 400 BO, 92 BW, 380 MCF IN 24 HRS. 09-10-93. 6. TESTING.	OF 900 PSI @ 1.5 BPM. SQUEEZED SALT, 1/4# FLOCELE (12.8 PPG, 1.94 PFOR 30 MINUTES 09-03-93. 10, 7616-7618, 7621-7624, 7626-1753, 7755-7766, 7768-7776, 7783, 1840-7846, 7852-7854, 7857-7861, 18004-8006, 8020, 8029-8031, 8090-	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE C.P. BASHAM TYPE OR PRINT NAME C.P. BASHAM	TONS MANAGER DATE 09-15-93 TELEPHONE NO. 915-688462	
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	SEP 2 0 1993	