Submit 3 copies to Appropriate District Office		qy, Mineralsبد	and Natural R	esources Department	~~		Form C-103 Revised 1-1-8	
DISTRICT I		OLL CONSI	ERVATI	ON DIVISIO	WELL API NO			
P.O. Box 1980, Hobbs, NM	88240				WELL APINO	30-025-35398		
P.O. Box 2088					5 Indicate Tv			
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088						pe of Lease STATE 🍒	FEE	
DISTRICT III					6 State Oil /			
1000 Rio Brazos Rd., Azteo	, NM 87410				6. State Oil / 0	sas Lease No.		
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 PERMI (FORM C-101) FOR SUCH PROPOSALS.						ne or Unit Agreement N /ACUUM UNIT	*************	
1. Type of Well: OIL GAS WELL OTHER INJECTION							<del></del>	
Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.						294		
3. Address of Operator PO BOX 3109, MIDLAND, TX 79702						Pool Name or Wildcat     VACUUM GRAYBURG SAN ANDRES		
4. Well Location Unit Letter	N :	10' Feet Fro	m The <u>NOR</u>	TH_Line and 2630'	Feet From	The EAST	_ine	
Section 6		Township 18-S	F	Range 35-E	NMPM	LEA CO	YTNUC	
		10. Elevation (Show v	vhether DF, RKB	, RT,GR, etc.) 3968'			**	
11.	Check A	opropriate Box to	Indicate Na	ture of Notice, Rep	ort, or Other D	)ata		
NOTICE OF PERFORM REMEDIAL WOR		PLUG AND ABANDON		REMEDIAL WORK		NT REPORT C		
TEMPORARILY ABANDON		CHANGE PLANS	لــا	COMMENCE DRILLING	OPERATION	PLUG AND ABANDO	NMENT	
PULL OR ALTER CASING				CASING TEST AND CE	MENT JOB			
OTHER:			=	OTHER:	SPUD 8 5/	8" & 5 1/2" CSG		
12. Describe Proposed or ( proposed work) SEE R		erations (Clearly state	all pertinent d	etails, and give pertine	nt dates, including	estimated date of s	tarting any	
&6-06-01/6-21-01: MIRU   ADDITIVES, TAIL IN W/25 WOC.								
DRILL 1566-1860,1940,20 TIH W/4 JTS 17 PPF 5 1/2 4300. FC @ 4252. CENTF W/FW. BUMP PLUG. NO AM 6-20-01.	2" LTC CSG, 9 RALIZERS @ 4	8 JTS 5 1/2{" K-55 LT 1271,4221,4201,4028	C, 15.50 PPF ,3856,3687,35	CSG, FLOAT COLALR 25,3354. MIX & PUMP	, FLO9AT SHOE 650 SX 50/50 PC	& CENTRALIZERS S DZ H CMT @ 14.2 PI	PG. DISPL	
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I hereby certify that the information above the inner and cor SIGNATURE	npiele to the description knowledge and belief.	Engineering Assistant	DATE 6/21/01
TYPE OR PRINT NAME	J. Denise Leake		Telephone No. 915-688-4752
(This space for State Use)		<b>3</b>	
APPROVED  BYNDITIONS OF APPROVAL IF ANY:	TITLE		DATE Description (2-93 ver 1.0