## State of New Mexico ⊏nergy, Minerais and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate District Office	
DISTRICT!	

DISTRICT!	OIL CONSERVATION	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		30 025 02190	
<u>DISTRICT II</u> P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	0 87504-2088	5. Indicate Type of Lease STATE FEE	
DISTRICT III			6. State Oil / Gas Lease No. B-871	
1000 Rio Brazos Rd., Aztec, NM 87410	TICES AND REPORTS ON WE	L	56/1	
(DO NOT USE THIS FORM FOR PRO	OPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR F C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name WEST VACUUM UNIT	
1. Type of Well: OIL GAS WELL WE	S [		,	a
2. Name of Operator TEXACO EX	(PLORATION & PRODUCTION INC.	_ :	8. Well No. 33	
3. Address of Operator P.O. BOX 7	30, HOBBS, NM 88240		9. Pool Name or Wildcat VACUUM GRAYBURG SAN ANDRES	
4. Well Location		Til 1:	Fact From The EAST Line	
Unit LetterP:	<del></del> _	TH Line and 660	Feet From TheEASTLine	
Section 33		Range 34E NM	IPM <u>LEA</u> COUNTY	
	10. Elevation (Show whether DF, RKB	100. 5.		
11. Check A	Appropriate Box to Indicate Na	ture of Notice, Report	t, or Other Data	
NOTICE OF INTENTION	ON TO:	SU	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	<u> </u>	Ц
PULL OR ALTER CASING	r	CASING TEST AND CEMEN	<del></del>	$\boxtimes$
OTHER:	<u> </u>	OTHER: REQUES	ST TEMPORACET ADMISSIONER OF TAXOS	$\stackrel{\triangle}{-}$
<ol> <li>Describe Proposed or Completed Op work) SEE RULE 1103.</li> <li>1/22/94 - 1/27/94</li> </ol>	erations (Clearly state all pertinent deta	ils, and give pertinent dates,	including estimated date of starting any proposed	3
1. NOTIFIED NMOCD. TOH W/ PROI	DUCTION FOUIPMENT.			
2. BY WIRELINE SET CIBP ABOVE O		35' CMT. (TOP OF OH @ 4	4213')	
3. SET RBP @ 1565', REPAIRED WE				
4. SET CIBP @ 4135' & CAPPED W/3				
5. CIRCD HOLE W/ INHIBITED FLUID	& TSTD CSG AS PER NMOCD GU	IDELINES TO 500# FOR 30	MIN, OK.	
4. TOH W/ TBG. REQUEST TEMPOR	RARILY ABANDON WELL STATUS T	'HROUGH 2-1-99.		
(ORIGINAL CHART ATTACHED, CO	OPY OF CHART ATTACHED)			
•				
		ams Approval <b>Abandonment</b> E	of Temporary 1 / 99 xpires	) 
I hereby certify that the information above is true and complete		r Asst	DATE 2/16/94	
SIGNATURE / TOWN CA	Monte C. Duncan		Telephone No397-0418	
TYPE OR PRINT NAME  (This space for State Use) ORIGINAL SIGNE			Eco o a	
(This space for State Use) ORIGINAL SIGNE APPROVED BY  DISTRICT	I SUPERVISOR		FEB 21 19	194 -
AFFILOVED 01	11166			_

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

