	State of New M	fexico		
Submit 3 copies to Appropriate District Office	Ene Jinerals and Natural R		Form C-103 Revised 1-1-89	
	IL CONSERVATI	ON DIVISION		
P.O. Box 1980, Hobbs, NM 88240			WELL API NO.	
DISTRICT II	P.O. Box 208	•	30 025 02209	
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic	o 87504-2088	5. Indicate Type of Lease	
DISTRICT III				
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELL (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 WEST VACUUM UNIT		
1. Type of Well: OIL GAS WELL WELL WELL	OTHER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC			8. Well No. 26	
3. Address of Operator 205 E. Bender, H	OBBS, NM 88240		9. Pool Name or Wildcat	
4. Well Location			VACUUM GRAYBURG SAN ANDRES	
Unit LetterL:	Feet From The	Line and	_Feet From TheLine	
Section 34 Township 17S Range 34E NMPM LEA_ COUNTY				
11	0. Elevation (Show whether DF, RK			
11	0. Elevation (Show whether DF, Rk opriate Box to Indicate Nat		, or Other Data	
11	opriate Box to Indicate Nat	ure of Notice, Report,		
^{11.} Check Appro NOTICE OF INTENTION	opriate Box to Indicate Nat	ure of Notice, Report, SU	BSEQUENT REPORT OF:	
	Dipriate Box to Indicate Nat TO: JG AND ABANDON	ure of Notice, Report, SU REMEDIAL WORK	BSEQUENT REPORT OF:	
11. Check Appro NOTICE OF INTENTION PERFORM REMEDIAL WORK PLL TEMPORARILY ABANDON CH	opriate Box to Indicate Nat TO:	UITE OF NOTICE, REPORT, SU REMEDIAL WORK COMMENCE DRILLING OPEF	BSEQUENT REPORT OF:	
11. Check Appro NOTICE OF INTENTION PERFORM REMEDIAL WORK PLL TEMPORARILY ABANDON CHA PULL OR ALTER CASING	Dipriate Box to Indicate Nat TO: JG AND ABANDON	IURE OF NOTICE, REPORT, SU REMEDIAL WORK COMMENCE DRILLING OPEF CASING TEST AND CEMEN	BSEQUENT REPORT OF:	
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ereby certify that the informationabove in true and complete to the best of my knowledge and belief. IGNATURE TITLE Prod. Engineer YPE OR PRINT NAME M. Siarriak Safargar			DATE May 6,97 Telephone No. 397-0429
IThis space for State USER APPROVED BY CONDITIONS OF APP	CINAL SIGNED BY JERRY SEX BISTRICT I SUPERVISOR ROVAL, IF ANY:		DATE

