Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

## OT CONCEDUATION DIVICION

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 8824U	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-025-02237		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mex		7504-2088	5. Indicate Type		FEE 🗆
DISTRICT III 1000 Rio Brazos Rd., Azisc, NM 87410				6. State Oil & Ga B-130	us Lease No.	
SLINDRY NOT	ICES AND REPORTS ON	WELL	S			
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or Unit Agreement Name		
DIFFERENT RESEI	RVOIR. USE "APPLICATION FOI -101) FOR SUCH PROPOSALS.)	H PEKN	m i	CENTRAL V	ACUUM UNIT	
1. Type of Well: Oil. GAS WELL X WELL	OTHER					
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·			8. Well No.		
Texaco Exploration and Pr	oduction Inc.			67	Wildow	
3. Address of Operator	NIM OODAD			9. Pool name or	wiidcet Lyburg san andr	FS
P. O. Box 730 Hobbs, 4. Well Location	NM 88240			I VACUUM GRA	TIDONG SAN ANDR	
Unit Letter _G : _ 19	80 Feet From The EAST		Line and	1980 Feet From	m The NORTH	Line County
Section 36	Township 17-S	Rang		NMPM L	.EA	,,,,,,,,,
		7' GR			<u> </u>	
	Appropriate Box to Indic	ate N				
NOTICE OF INTENTION TO:		_	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	<b>]</b>	REMEDIAL WORK	X	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN				GOPNS.	PLUG AND ABAND	ONMENT [
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:	[	$\supset \mid$	OTHER:			
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	ntions (Clearly state all pertinent det	ails, and	give pertinent dates, inclu	ding estimated date	of starting any proposed	ľ
1/12/93 - 2/7/93 1. MIRU, ATTEMPTED TO TOH	W/ PROD EQUIP; TBG & (	CABLE	STUCK. CUT & FI	SHED TBG, CA	BLE, & SUB PMP.	
2. SCALE SQZD W/ 5 DRUMS	6 TH-793 IN 60 BFW, OVE	RFLUS	SHED W/ 860 BFW	<i>1</i> .		
3. RETURNED WELL TO PROD						
OPT 2/19/93 52 BOPD, 1	102 BWPD, 22 MCFD					
I hereby certify that the information above is t	rue and complete to the best of my knowle	dge and b	elia.			
SIGNATURE TOTO	mer	mu	ENGINEED'S ASS	SISTANT	DATE 4-5-9	3
TYPE OR PRINT NAME MONTE C. DU	INCAN				TELEPHONE NO. 3	93-7191
Orig	Signed <b>by</b>					
(This space for State Use) Pau	l Kautz				ADD A	A 4888
APTROVED BY	eolog <b>ist</b>	mu	B		DATE APR 0	8 1993
VILLET DI "						