

Submit 3 copies
to Appropriate
District Office

State of New Mexico
E. Jy, 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. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-20235

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-2706

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

33

9. Pool Name or Wildcat

VACUUM GLORIETA

SUNDY 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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter L : 1650 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 25 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4019' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ ADDED PAY AND ACIDIZED FORMATION

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/14/93 - 12/17/93

1. MIRU, TOH W/ PROD EQUIP, C/O TO 6524' (PBDT),

2. RAN GRCL. PERFD W/ 2 JSPF FR 6017-6031' (15 FT - 30 HLES) AND FR 6129'-6155' (27 FT - 54 HLES).

3. SPTD 150 GALS 20% NEFE ACROSS PERFS FR 6017'-6155'. SET PKR @ 5680', ACIDIZED PERFS FR 5968'-6155' W/ 7,000 GALS 20% NEFE. MAX P = 2715#, AIR = 4.3 BPM. SION.

4. TIH W/ PROD EQUIP & RETURNED WELL TO PRODUCTION.

OPT 12/25/93 11 BOPD, 140 BWPD, 5 MCFD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 2/2/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE FE 94

CONDITIONS OF APPROVAL, IF ANY: