## State of New Mexico

Form C-103 Revised 1-1-89

Submit 2 agains	æ′	State of New Mexico		
Submit 3 conies to Appropriate District Office		and Natural Resources Department	For	m C-103 rised 1-1-89
DISTRICT I	OIL CONS	ERVATION DIVISION		
F.O. Box 1980, Hobbs, NM 88240			WELL API NO.	
DISTRICT II			30-025-20270	
P.O. Box Drawer DD, Arte	isia, NM 88210 Salita Fe	, INEW MEXICO 0/304-2088	5. Indicate Type of Lease STATE	FEE
DISTRICT III  1000 Rio Brazos Rd., Azto	ec, NM 87410		6. State Oil / Gas Lease No.	
(DO NOT USE THIS SO	UNDRY NOTICES AND REPO	RTS ON WELL	B-1606	
DIFF	ERENT RESERVOIR. USE "APPLI	OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	B
	(FORM C-101) FOR SUCH PI	ROPOSALS.)	VACUUM GLORIETA WEST UNIT	
1. Type of Well: OIL WELL OTHER				
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 90	
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240		9. Pool Name or Wildcat		
4. Well Location			VACUUM GLORIETA	
Unit Letter Section 31		m The SOUTH Line and 660	Feet From TheWESTLine	
Sector 31	Township 17S	Range 35E NM	PMLEA_COUNT	Υ
11.		whether DF, RKB, RT,GR, etc.) 3982' GR		
NOTICE OF		Indicate Nature of Notice, Report	, or Other Data	
	INTENTION TO:		BSEQUENT REPORT OF:	
PERFORM REMEDIAL WOR	C PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	П
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMEN	<b>,</b> ∏
PULL OR ALTER CASING		CASING TEST AND CEMEN	T JOB 🔲	
OTHER:	ADD PAY AND ACIDIZE	🛛 OTHER:		
12. Describe Proposed or ( any proposed work) St	Completed Operations (Clearly states E RULE 1103.	te all pertinent details, and give pertinen	t dates, including estimated date of st	arting
1. MIRU. TIH W/ 7" CIBP	SET @ 6375', & TOP W/ 35' OF CI	MT BY BAILER.		
2. RUN GR/CORRELATIO	N LOG. PERF W/ 2 SPF FR 5966	-6014' (49FT - 98 HLES) & FR 6028'-6090'	(63FT - 126 HLES).	
3. TIH W/ 7" PKR ON WS	TO 6300'. TST CIBP TO 300 PSI F	OR 30 MIN & OBTAIN CHART. PULL UP	AND SET PKR @ 5850'.	
4. ACIDIZE PERFS W/ 800	O GALS 15% NEFE HCL, MAX P= 3	500 PSI, AIR = 3 BPM. SI 1 HR. SWAB B	ACK	
	JMS TH-793 IN 30 BFW, OVERFLU		AON.	
	EQUIPMENT & PLACE WELL ON 1			
		NODOTION.		
I hereby certify that the information above	is true and complete to the best of my knowledge an	d belief,		
SIGNATURE That	- / <del>-  </del> -	TLE Engr Asst	DATE 8/10/94	
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No. · 397-041	<del></del>
(This space for State Use)		The second of th		
APPROVED BY		ORIGINAL SIGNED BY JERRY SEX Le pristrict i supervisor	TON AUG 15	1994

\_TITLE\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

\_DATE\_