

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, 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.

30-025-20665

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-3196

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

71

9. Pool Name or Wildcat

VACUUM GLORIETA

**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.)

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 H : 2180 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 35 Township 17S Range 34E NMPM LEA COUNTY

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

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: ☐

CASING INTEGRITY TEST ☒

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.

4-29-94

1. NOTIFIED NMOC D OF CASING INTEGRITY TEST. TOH W/ PRODUCTION EQUIPMENT.

2. TIH W/ PACKER & SET @ 5843'. TESTED 4 1/2" CASING FROM SURFACE TO PACKER SET @ 5843' AS PER NMOC D GUIDELINES TO 600# FOR 30 MINUTES, HELD OK.

3. TOH W/ PACKER. TIH W/ PRODUCTION EQUIPMENT & RETURNED WELL TO PRODUCTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

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 5/31/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 297-0418

APPROVED BY

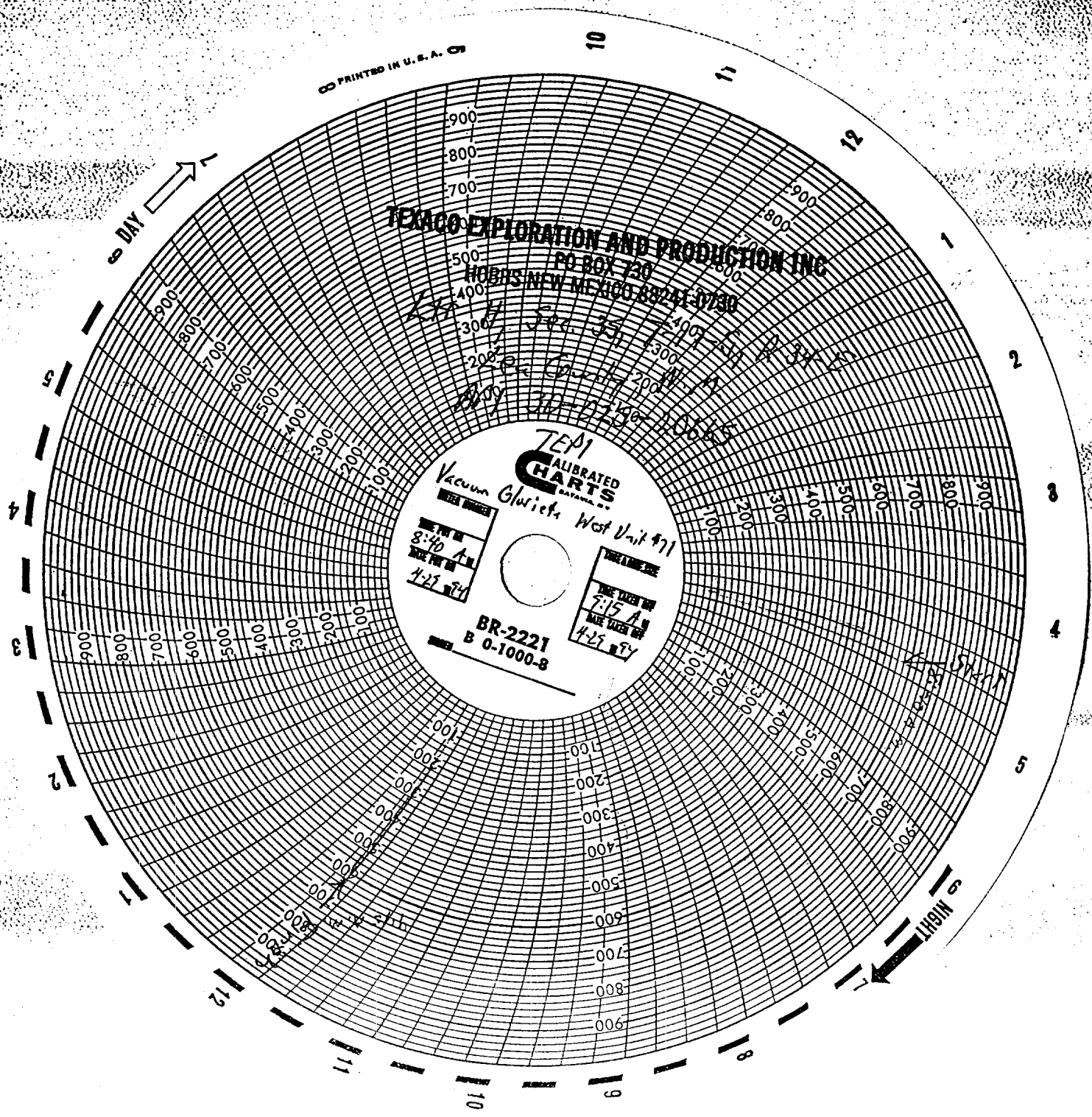
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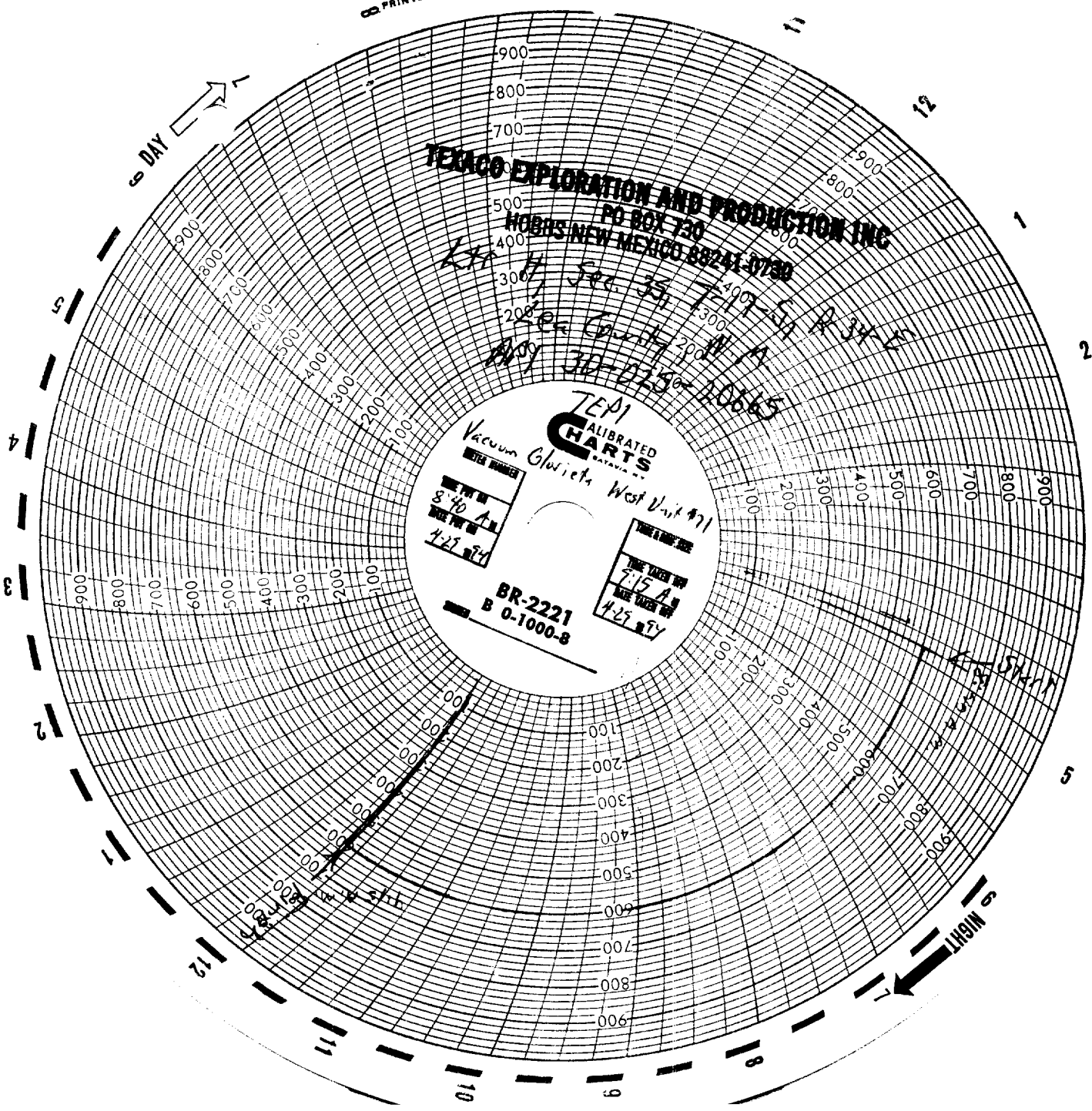
DATE

**JUN 03 1994**

CONDITIONS OF APPROVAL, IF ANY:

PRINTED IN U.S.A.





DAY

NIGHT

1/10/71 10:00 AM  
1-27-71 10:00 AM  
1-27-71 10:00 AM  
1-27-71 10:00 AM

Donald R. Stewart  
Relief Foreman  
Casing Integrity Test  
Well # 71