

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.	30-025-20784
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil / Gas Lease No.	B-1606
7. Lease Name or Unit Agreement Name	VACUUM GLORIETA WEST UNIT
8. Well No.	76
9. Pool Name or Wildcat	VACUUM GLORIETA

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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	PO BOX 3109, MIDLAND, TX 79702
4. Well Location	Unit Letter E : 2030 Feet From The NORTH Line and 510 Feet From The WEST Line Section 31 Township 17S Range 35E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3984' GL

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: ☐ REQUEST TA STATUS ☒

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.

8-13-01: MIRU.

8-14-01: TIH W/FSHNG TOOL. FSH BOX.

8-15-01: NDWH. NUBOP. PU SWAB.

8-16-01: TIH W/BIT & CSG SCRAPER & TBG TO 5936'.

8-17-01: TIH W/CIBP & PKR & TBG. SET CIBP @ 5850. PULL PKR TO 5831. TEST CIBP TO 1000 PSI-OK. REL PKR. CIRC W/PKR FLUID. TEST CSG/CIBP TO 550 PSI-OK. CHART FOR 30 MINS FOR NMOCD-OK. CHART ATTACHED. FILL HLE W/PKR FLUID. NDBOP. NUWH. RIG DOWN.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary
Abandonment Expires

8/27/06

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 8/24/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 915-688-4752

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY. TITLE

DATE