

**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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3984' GL

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	P.O. BOX 730, HOBBS, NM 88240
4. Well Location	Unit Letter <u>E</u> : <u>2030</u> Feet From The <u>NORTH</u> Line and <u>510</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>17S</u> Range <u>35E</u> NMPM <u>LEA</u> COUNTY

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: ADD PAY AND ACIDIZE ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

- MIRU. TOH W/ RODS, TBG, & PMP.
- RUN GR/CORRELATION LOG. PERF W/ 2 SPF FR 6008'-6018' (11FT - 22 HLES) & FR 6032'-6100' (69 FT - 138 HOLES).
- LOAD BS W/ FW, TEST TO 300 PSI FOR 30 MIN & OBTAIN CHART. ACIDIZE PERFS W/ 8000 GALS 15% NEFE HCL, MAX P= 3500 PSI, AIR = 3 BPM. SI 1 HR. SWAB BACK.
- SCALED SQZ W/ 1 DRUM TH-793 IN 10 BFW, OVERFLUSH W/ 150 BFW. TOH W/ PKR.
- TIH W/ RODS, TBG, & PMP. RETURN WELL TO PRODUCTION.

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 8/15/94

TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GERRY SEXTON TITLE MANAGER, SUPERVISOR DATE AUG 16 1994

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**AUG 15 1994**

**ANDERSON  
OFFICE**