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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B-1722-1

SUNDRY NOTICES AND REPORTS ON WELLS  
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name -
2. Name of Operator TEXACO Inc.	8. Farm or Lease Name N.M. 'N' State
3. Address of Operator P. O. Box 728, Hobbs, New Mexico 88240	9. Well No. 6
4. Location of Well UNIT LETTER L 460 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 30 TOWNSHIP 17-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Glorieta, Vac Abo N., Vac Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4003' (DF)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Repair Water Flow	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

- Rig up. Pull rods & pump from Glorieta Csg. Wolfcamp-Abo Commingled Csg. Install BOP. Pull tubing.
- Set RBP in Glorieta string @ 6009' & in Wolfcamp-Abo Strings @ 6000'.
- Perforate Wolfcamp string w/2-Shots @ 1600', Also perforating 9 5/8" Csg.
- Cement perms @ 1600' w/560 Sx. Class 'H' Cement. Follow w/150 Sx. Cement. Squeeze. WOC. DOC & Test.
- Pull RBP's. Install production equipment. Test & return to production.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 6-4-81

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: