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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1722-1
7. Unit Agreement Name -
8. Farm or Lease Name New Mexico 'N' State
9. Well No. 7
10. Field and Pool, or Wildcat Vacuum Glorieta
12. County Lea

SUNDY 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 ☐ GAS WELL ☐ OTHER-

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P.O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **E**, **330** FEET FROM THE **West** LINE AND **1800** FEET FROM
THE **North** LINE, SECTION **30** TOWNSHIP **17-S** RANGE **35-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4001' (DF)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Repair Water Flow <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

1. Rigged up. Pull rods, pump & Tubing.
2. Set RBP @ 4000'. Perforate 2 7/8" & 8 5/8" Csg W/2-JS @ 1685'.
3. Cemented perfs @ 1685' W/400 Sx. Class 'H' Cement containing 2% CaCl.
Did not circulate. Ran temperature survey. TOC 300'. WOC. DOC.
Tested OK.
4. Install pumping 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 8-13-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: