

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3002527236

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-1056-1

SUNDY 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

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

35

9. Pool Name or Wildcat

VACUUM GLORIETA

4. Well Location

Unit Letter J : 2310 Feet From The SOUTH Line and 2308 Feet From The EAST Line

Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3998' GR

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.

6-11-94

- NOTIFIED NMOCD OF CASING INTEGRITY TEST TO BE PERFORMED DURING AN EQUIPMENT UPGRADE ON THE WELL.
TOH W/ PRODUCTION EQUIPMENT.
- TIH W/ PACKER & SET @ 6169'. TESTED 5 1/2" CASING FROM SURFACE TO PACKER SET @ 6169' AS PER NMOCD GUIDELINES TO 300#
FOR 30 MINUTES, HELD OK.
- 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 6/28/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use)

APPROVED BY _____ TITLE _____

Orig. Signed by
Paul Kautz
Geologist

DATE

JUN 30 1994

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0

JUN 30 1994

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