## State of New Mexico

Submit 3 copies to Appropriate District Office	Ene	Minerals and Natural Re			Form C-103 Revised 1-1-89
DISTRICT I	OIL	CONSERVATIO	ON DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	012	P.O. Box 2088		30-025-30126	
DISTRICT II		Santa Fe, New Mexico		5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 8	88210	Canta i C, NOW MICKIOC	01001 2000	STATE	FEE
DISTRICT III				6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87		AND REPORTS ON WEL	<u></u>	B-155	
SUNDR (DO NOT USE THIS FORM FO DIFFERENT (F	7. Lease Name or Unit Agreement I VACUUM GLORIETA WEST U				
1. Type of Well: OIL WELL	GAS WELL	OTHER		9 Mall No	
Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	
·	BOX 730, HOBE	3S, NM 88240		9. Pool Name or Wildcat  VACUUM GLORIE	TA
4. Well Location  Unit Letter P: 990 Feet From The SOUTH Line and 990 Feet From The EAST Line					_Line
Section 36	Section 36 County Range 34E NMPM LEA COUNTY				YTNUO
	10. Et	evation (Show whether DF, RKB,	RT,GR, etc.) 3998' GR		
11. Ch	eck Appropri	iate Box to Indicate Na	ture of Notice, Repor	rt, or Other Data	
NOTICE OF INTE				UBSEQUENT REPORT	OF:
_		IND ABANDON	REMEDIAL WORK	ALTERING CASIN	G 🗍
PERFORM REMEDIAL WORK		E PLANS	COMMENCE DRILLING OF	ERATION PLUG AND ABAND	DONMENT
TEMPORARILY ABANDON	_		CASING TEST AND CEME	=	
•		П	OTHER: GEL TREATMENT		
OTHER:					
<ol> <li>Describe Proposed or Complet work) SEE RULE 1103.</li> </ol>	ted Operations (	Clearly state all pertinent detai	ls, and give pertinent dates	, including estimated date of startir	ng any proposed
10/4/95 - 10/11/95					
1. TOH W/ RODS, PUMP, & TU					
<ol><li>TIH W/ TREATING PKR &amp; SE WATER, PUMPED 350 BBLS</li></ol>	T @ 5850'. RA OF GEL. OVE	N WATER TRACER & DETE RFLUSHED W/ 80 BBLS FR	ERMINED POINT OF ENT ESH WATER. SI 96 HRS	TRY OF WATER. ESTD PUMP R 5. TOH W/ PKR.	ATE W/ FRESH
3. TIH W/ PRODUCTION EQUI	PMENT. RETU	RNED WELL TO PRODUCT	ION.		
OPT 12/9/95 PUMPING BY R	OD PUMP: 56	BOPD, 89 BWPD, 10 MCFD			
(INTERNAL TEPI STATUS R	EMAINS PM)				
	4	·			
••					

I hereby certify that the information above	is true and complete to the best of my knowledge and belief.		
SIGNATURE JOY	te Camo TITLE Engr Asst	DATE 12/21/95	
		Telephone No. 397-0418	
TYPE OR PRINT NAME	Monte C. Duncan		
	ORIGINAL SIGNED BY		
(This space for State Use)	GARY WINK	DATE JAN 68 1993	
APPROVED BY	FIELD REP. II, TITLE	DATE JAN 03 1993	

Received Home