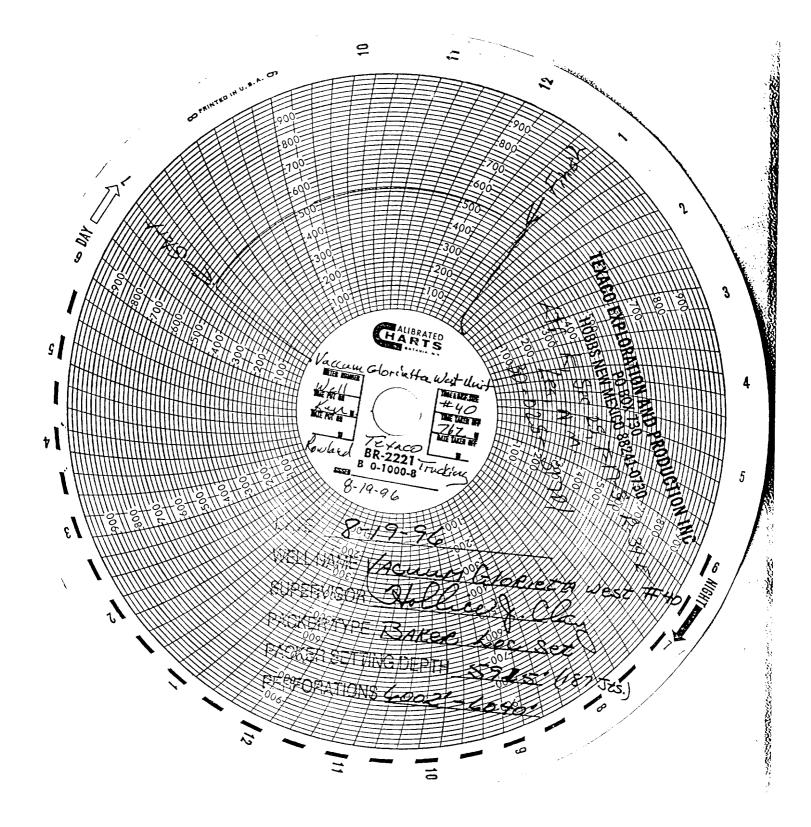
## Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy. Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DISTRICT I	OIL CONSERVATI		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			30-025-31701
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE   FEE
DISTRICT III			STATE FEE 6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. B-2706
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.)			7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT
1. Type of Well: OIL GAS OTHER WATER INJECTION			
Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 40
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GLORIETA
4. Well Location			
Unit Letter K : 1590 Feet From The <u>SOUTH</u> Line and <u>2404</u> Feet From The <u>WEST</u> Line			
Section <u>25</u>	Township 17S	Range 34E NM	IPMLEA_ COUNTY
	10. Elevation (Show whether DF, F	RKB, RT,GR, etc.) 4001' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION	ON TO:	SU	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB
OTHER:	🗆	OTHER: REP	AIRED INJ PACKER & TESTED CASING
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. THE FOLLOWING PROCEDURE WAS PERFORMED TO REPAIR AN INJECTION PACKER THAT WAS FOUND TO BE LEAKING DURING A NMOCD			
SCHEDULED BRADENHEAD TEST PE	RFORMED ON 5/29/96.		
8/19/96			
1. MIRU. RELEASED INJECTION PKR & TOH W/ INJ EQUIPMENT.			
2. REPAIRED 5 1/2" BAKER LOC-SET INJECTION PACKER.			
3. TIH W/ 2 3/8" RICE DUO-LINE TU3ING STRING AND REPAIRED INJ PKR, CIRCD HOLE W/ PKR FLUID, SET PKR @ 5915".			
<ol> <li>TESTED 5 1/2" CASING FROM SURFACE TO PKR SET @ 5915' AS PER NMOCD GUIDELINES TO 520# FOR 30 MINUTES, HELD OK.</li> </ol>			
5. RETURNED WELL TO INJECTION.			
(ORIGINAL CHART ATTACHED, CO	PY OF CHART ON BACK)		
(INTERNAL TEPI STATUS REMAINS: INJ)			
•			
I hereby certify that the information above is true and som		gr Asst	DATE
SIGNATURE 1 STATE	TITLE EN	yı Assı	DATE 9/24/96
TYPE OR PRINT NAME	Monte C. Duncan		Telephone No. 397-0418
(This space for State Use)			QDD ON KNOW
APPROVED BY	TITLE		DATE SEP 27 1995



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