

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-31701
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2706
7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT
8. Well No. 40
9. Pool name or Wildcat VACUUM GLORIETA

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION	
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	
4. Well Location Unit Letter <u>K</u> : <u>1590</u> Feet From The <u>SOUTH</u> Line and <u>2404</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>17-SOUTH</u> Range <u>34-EAST</u> NMPM LEA County <u>LEA</u>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-4001', KB-4015'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: COMPLETION ☒

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.

1. MIRU COMPLETION UNIT. CLEAN OUT CEMENT TO PBTD OF 6110'. TESTED CASING TO 3000# FOR 30 MINUTES 10-29-92.
2. WEDGE RAN GR-CCL FROM 6100' TO 5750'. PERFED w/ 2 JSPF: 6002-6040. 76 HOLES.
3. DOWELL ACIDIZED WITH 4000 GAL 15% HCL. 11-02-92.
4. RAN 2 3/8 TUBING AND PACKER. SET PACKER @ 5928'.
5. TESTED CASING AND PACKER WITH 500# FOR 30 MINUTES 11-03-92.
6. PREP FOR INJECTION.

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

SIGNATURE C. P. Basham/cwt TITLE DRILLING OPERATIONS MANAGER DATE 11-04-92
TYPE OR PRINT NAME C. P. BASHAM TELEPHONE NO. 915-6884620

(This space for State Use)
Orig. Signed by
Paul Kanta
Geologist

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NOV 06 '92

RECEIVED
NOV 9 1992
DDP HOUSE OFFICE