## Submit 3 copies to Appropriate District Office

## State of New Mexico

Minerals and Natural Resources Department

Form C-103

District Office	LIK	Millerais and Nat	urair	esources Department		Revis	ed 1-1-89
DISTRICT	OIL	CONSERVA	TI	ON DIVISION	WELL API NO	<del></del>	
P.O. Box 1980, Hobbs, N	M 88240				WELL API NO		
DISTRICT II		P.O. Bo				30-025-31703	
P.O. Box Drawer DD, Arte	sia, NM 88210	Santa Fe, New M	rexic	0 87504-2088	5. Indicate T	ype of Lease STATE 🔀	FEE [
DISTRICT III					6 State Oil	Gas Lease No.	
1000 Rio Brazos Rd., Azto	ec, NM 87410				o. State Oil /	B-2706	
(DO NOT USE THIS FO	ERENT RESERVOIR.	S TO DRILL OR TO DI	EEPEI FOR F	N OR PLUG BACK TO A		ne or Unit Agreement Name LORIETA WEST UNIT	
1. Type of Well: OIL WELL	GAS WELL	OTHER INJECTION	ОИ				
2. Name of Operator	TEXACO EXPLORAT	TON & PRODUCTION	INC.		8. Well No.	53	
3. Address of Operator	P.O. BOX 730, HOBB	3S, NM 88240			9. Pool Name	or Wildcat VACUUM GLORIETA	
4. Well Location						_	
Unit Letter	N : 215	Feet From The _	SOU	TH Line and 2350	Feet From	The WEST Line	
Section <u>25</u>		•		Range <u>34E</u> NM	1PM	LEA COUNTY	
	10. Ele	evation (Show whether	DF, R	(B, RT,GR, etc.) 4003' GR			
11.	Check Appropri	ate Box to Indicat	e Na	ture of Notice, Report	t, or Other	Data	
NOTICE OF	INTENTION TO:			SU	JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WOR	K PLUG A	ND ABANDON		REMEDIAL WORK		ALTERING CASING	П
TEMPORARILY ABANDON	CHANGI	E PLANS	П	COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONMEN	, 1
PULL OR ALTER CASING				CASING TEST AND CEMEN	IT JOB		<b></b>
OTHER:	H		П	OTHER:		REATMENT	$\boxtimes$
<ol> <li>Describe Proposed or any proposed work) S</li> <li>1/2/96 - 1/3/96</li> <li>SHUT-OFF INJECTION</li> <li>ESTD PUMP RATE W.</li> <li>RETURNED WELL TO OPT 3/31/96 INJECTION</li> </ol>	EE RULE 1103. N OF WATER TO WEL / FRESH WATER, PUN ) INJECTION.	.L. MIRU POLYMER I	PUMP	TRUCK TO WELLHEAD.		uding estimated date of sta	rting
(INTERNAL TEPI STAT	US REMAINS INJ)						

SIGNATURE	is true and complete to the best of my knowledge and belief.  TITLE Engr Asst	DATE <u>4/15/96</u> Telephone No. 397-0418	
TYPE OR PRINT NAME	Monte C. Duncan		
(This space for State Use)	S. S. /ISOR	APR 18 198	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL I	IE ANV		