CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	•	-		
DISTRICT I P.O. Box 1980, Hobbe, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-31703 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	
SUNDRY NOT DO NOT USE THIS FORM FOR PRI DIFFERENT RESE (FORM C				
Type of Well: OL GAS WELL WELL	OTHER WAT	ER INJECTION		
Name of Operator TEXACO EXPLORATION AND	8. Well No.			
Address of Operator P. O. Box 3109 Mic	9. Pool same or Wildox VACUUM GLORIETA			
Well Location Unit Letter N : 2 Section 25	Township 17-SOUTH	Range 34—EAST ether DF, RKB, RT, GR, etc.)	2350 Feet From The	WEST Line
	////// GR-4003', KB-4	017'		
	Appropriate Box to Indic	ate Nature of Notice, R	teport, or Other Dat SSEQUENT REPO	A DRT OF:
NOTICE OF IN	IENTION TO:	_ \		_
RFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
MPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN		3 AND ABANDONMENT L
PULL OR ALTER CASING CASING TEST AND C				ר
THER:		OTHER: COMPLETI	ON	<u>\</u>
2. Describe Proposed or Completed Operwork) SEE RULE 1103. 1. MIRU COMPLETION UNIT. CL 25-92. 2. WEDGE RAN GR-CCL. PERIS. DOWELL ACIDIZED WITH 50. 1. TIH WITH 2 3/8 TUBING AN 5. TESTED PACKER TO 500# 5. PREP FOR INJECTION.	LEANED OUT CEMENT TO PI FED w/ 2 JSPF: 6012-19, 000 GAL 15% HCL. ID PACKER. SET PACKER @	BTD OF 6250'. TESTED 6028-70, 6150-70. 1 5919'.	Casing to 3000# F	
1 hereby certify that the information above is 1	has and complete to the best of my knowled	dge and belief. TITLE DRILLING OPERA	TIONS MANAGER	DATE 12-02-92
SURVIVOS		10125		TELEPHONE NO. 915-6884
TYPE OR PRENT NAME C. P. BASHAN				
	GNED BY JERRY SEXTON IGT I SUPERVISOR			DEC 0 4 '92
APPROVED BY		mus		