Form C-103 State of New Mexico Submit 3 Copies To Appropriate District gy, Minerals and Natural Resources Revised March 25, 1999 Office WELL API NO. District I 1625 N. French Dr., Hobbs, NM 87240 30-025-31706 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE 🔀 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 B-155 7. Lease Name or Unit Agreement Name: 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 Vacuum Glorieta West Unit PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Water Injection 8. Well No. 2. Name of Operator Texaco Exploration & Production 9. Pool name or Wildcat 3. Address of Operator Vacuum Glorieta 15 Smith Road - Midland, Texas 79705 4 Well Location line feet from the North line and 1690 feet from the Unit Letter __ County NMPM Range Township 17s 36 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3993' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: Г ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON ABANDONMENT CASING TEST AND MULTIPLE PULL OR ALTER CASING CEMENT JOB COMPLETION \mathbf{z} OTHER: Repair tubing leak OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 12-21-01 RU; pulled tubing; repaired tubing leak; returned to injection Packer Type: Nickel-plated LokSet Packer Packer Setting Depth: 5925' Perforations: 6008'-6184' Charted at 585 psi I hereby certify that the information above is true and complete to the best of my knowledge and belief. mer TITLE Regulatory Specialist 03-07-02 DATE. SIGNATURE. Telephone No. 915-687-7355 Type or print name Laura Skinner (This space for State use) _ TITLE APPROVED BY Conditions of approval, if any:

