CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Appropriate	Eleigy, Military and I	•	
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbe, NM \$8240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III OOO Rio Bergoo Rd., Aziec, NM \$7410			WELL API NO. 30-025-31708
			5. Indicate Type of Lease STATE FEE
			6. State Oil & Gas Lesse No. B-2146
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.)			7. Lease Nesse or Unit Agreement Nesse VACUUM GLORIETA WEST UNIT
OIL GAS WILL OTHER WATER INJECTION			A ML M NY
Was I Complete			8. Well No. 79
TEXACO EXPLORATION AND PRODUCTION INC.			9. Pool same or Wildon
Address of Operator P. O. Box 3109	idland, Texas 79702		VACUUM GLORIETA
Well Location This Letter K : 2	561 Feet Prom The SOUTH	Line and	1351 Peet From The WEST Lin
Section 36	Township 17-SOUTH 10. Elevation (Show what	Range 34-EAST her DF, RKB, RT, GR, etc.) 18'	NMPM LEA County
	k Appropriate Box to Indica	te Nature of Notice.	Report, or Other Data
. Checi	NTENTION TO:	SU	BSEQUENT REPORT OF:
NOTICE OF I		REMEDIAL WORK	ALTERING CASING
RFORM REMEDIAL WORK	PLUG AND ABANDON L	COMMENCE DRILL	
MPORARILY ABANDON	CHANGE PLANS	CASING TEST AND	
LL OR ALTER CASING) T	OTHER: COMPLE	
THER:			
annali CER BIII K 1105.			actualing estimated data of starting any proposed ASING TO 3000# FOR 30 MINUTES 11-20-
92. 2. WEDGE RAN GR-CCL. PE 3. DOWELL ACIDIZED WITH	CLEAN OUT CASING TO PBTD RFED WITH 2 JSPF: 5902-3-8000 GAL 15% HCL. 11-21- AND PACKER. SET PACKER @ FOR 30 MINUTES 11-24-92	4, 5944–99, 6081–6 92. 5812'.	ASING TO 3000# FOR 30 MINUTES 11-20- 124. 260 HOLES.
I hereby certify that the information above	s is true and complete to the best of my knowle	dge and belief. TITLE DRILLING OPE	RATIONS MANAGER DATE 11-30-92 TELEPHONE NO. 915-68
TYPE OR PRENT NAME C. P. BASH	IAM		
			OEC 08.
(This space for State Use) ORIGINAL SIG	CT I SUPPRVISOR		DATE -
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