Submit 3 copies to Appropriate

als and Natural Resources Department Energy, M

Form C-103 Revised 1-1-89

District Office		37.				Revis	sed 1-1-89	
DISTRICT I		OIL CONS	ERVATIO	ON DIVISION	WELL API NO.	·		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088						30-025-31709		
DISTRICT II Santa Fe, New Mexico 87504-2088					5. Indicate Ty	pe of Lease		
P.O. Box Drawer DD, Artesia, NM 88210						STATE 🗵	FEE 🔲	
DISTRICT III					6. State Oil /	Gas Lease No.		
1000 Rio Brazos Rd., Aztec	•					B-2706		
SUNDRY NOTICES AND REPORTS ON WELL (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 Name, or Unit Agreement Name		
						7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT		
						- VACOOM GLORIETA WEST ONT		
1. Type of Well: OIL GAS OTHER INJECTION								
WELL OTHER MULEOTION					8. Well No.	-		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					80			
					9. Pool Name or Wildcat			
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						VACUUM GLORIETA		
4. Well Location								
Unit Letter	G :	2517 Feet F	rom The <u>NORT</u>	<u>H</u> Line and <u>2442</u>	Feet From 7	he <u>EAST</u> Line		
Section 36		Township 17S	R	ange <u>34E</u> NI	MPM	LEA COUNT	Υ	
Geotion 50								
		10. Elevation (Sho	w whether DF, RK	(B, RT,GR, etc.) 3997' GR				
11.	Check A	ppropriate Box t	o Indicate Nat	ture of Notice, Repo	rt or Other i	Data		
			o maioate ra	1				
NOTICE OF I	NTENTIC	ON TO:		5	OBSECOE	NT REPORT OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDO	ON 🔲	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OF	PERATION 🔲	PLUG AND ABANDONME	NT 🔲	
PULL OR ALTER CASING				CASING TEST AND CEME	ENT JOB			
OTHER:				OTHER:	Perfo	ormed MIT	$oxed{\mathbb{N}}$	
OTHEN.								
5-20-99 NOTIFIED NMOCD. TESTE RETURNED TO INJECTION (ORIGINAL CHART ATTAC	N. (CASINO	S LEAK FR 5764-579	95')	5758 ' AS PER NMOCD G	SUIDELINES TO	D 500# FOR 30 MIN. HEL	D OK.	
(0111011112 0111111111111111111111111111			,					
(INTERNAL TEPI STATUS:	INJ)							
I hereby certify that the information above	re is true and comp	plete to the best of my knowle	dge and belief.	naarina Assistant		0.1.75		
SIGNATURE	M/500	Warre.	TITLE Lingu	neering Assistant		DATE 7/6/99		
TYPE OR PRINT NAME	.1	. Denise Leake				Telephone No. 397-0)405	
	INAL SIG					: ::- <u></u>		
(This space for State Use)	GARY W	NK				11 1 A	1000	
APPROVED BY	GART W	P. II	TITLE			DATE JUL 14	19 99)	
CONDITIONS OF APPROVAL						0-0		