-89

Submit 3 copies State of New Mexico	5
Suhmit 3 copies to Appropriate E: /, Minerals and Natural Resources Department	Form C-103 Revised 1-1-
OIL CONSERVATION DIVISION	
P.O. Box 1980. Hobbs. NM 88240	WELL API NO.
DISTRICT II  P.O. Box 2088  Sonto Fo Novi Moving 87504 2000	30-025-31728
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE ✓ FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.	VACUUM GLORIETA WEST UNIT
1. Type of Well: OIL GAS OTHER WATER INJECTION WELL	
THE OTHER WATERWINDENTON WELL	Q Mall Ma
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 51
3. Address of Operator 205 F. Bandon HODDO NIM 20040	9. Pool Name or Wildcat
205 E. Bender, HOBBS, NM 88240	
4. Well Location	
Unit Letter A : 24 Feet From The NORTH Line and 101	Feet From The EAST Line
Section 35 Township 17-S Range 34-E NM	IPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4009' GR	
11. Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	✓ ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPE	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMEN	T JOB
OTHER:OTHER:	CSG INTEGRITY TEST
<ul> <li>12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent deproposed work) SEE RULE 1103.</li> <li>1-12-01: TESTED CSG TO 540 PSI FOR 30 MIN - OK PERFS: 5980-6142' PKR SET @ 5892'</li> <li>RETURNED TO INJECTION</li> <li>ORIGINAL CHART &amp; COPY OF CHART ATTACHED.</li> </ul>	too, instanting any
i hereby certify that the information above is true and complete to the best arroy browledge and belief.  SIGNATURE  LIGHT SIGNATURE  Engineering Assistant	
	DATE <u>3/28/01</u>
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 397-0405

(This space for State Use) APPROVED 60 NOITIONS OF APPROVAL, IF ANY:

\_TITLE\_

DeSoto/Nichols 12-93 ver 1.0

