

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-31784

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

B-2706

7. Lease Name or Unit Agreement Name

VACCUM GLORIETA WEST UNIT

8. Well No.

28

9. Pool Name or Wildcat

VACCUM GLORIETA

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 PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL ☐ GAS ☐ OTHER ☐ INJECTION

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter L : 2304 Feet From The SOUTH Line and 1127 Feet From The WEST Line  
Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

Csg Integrity test for TA status ☒

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.

2-15-00: NOTIFIED NMOCD. SET CIBP @ 5890' W/35' CMT. TEST CSG TO 550# FOR 30 MIN - OK. PERFS FR 5970-6130'.  
WELL IS TA'D.

ORIGINAL CHART AND COPY OF CHART ATTACHED.

This Approval of Temporary  
Abandonment Expires

4-25-2005

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*J. Denise Leake*

TITLE Engineering Assistant

DATE 4/20/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

DeSoto/Nichols 12-93 ver 1.0

