Form C-103 Revised 1-1-89

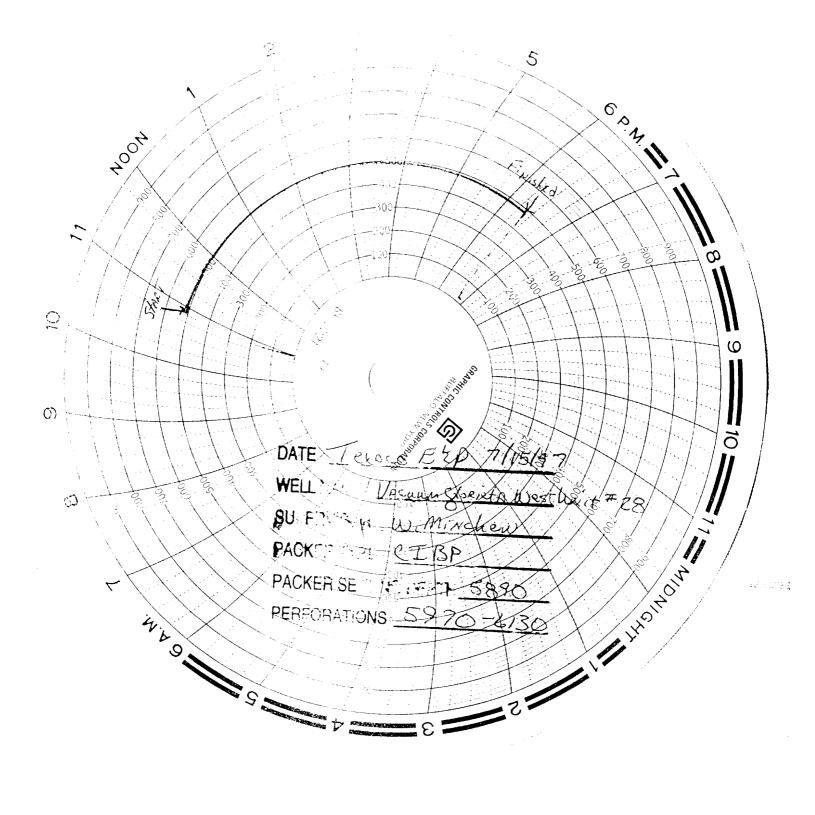
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Submit 3 copies to Appropriate District Office

Minerals and Natural Resources Department

DISTRICT I	OIL CONSERVA	ATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Bo		30-025-31784
DISTRICT II	Santa Fe New M	1exico 87504-2088	5. Indicate Type of Lease
P.O. Box Drawer DD, Artesia, NM 882	10		STATE FEE
DISTRICT III	0		6. State O Gas Lease No. B-2706
1000 Rio Brazos Rd., Aztec, NM 8741		LVA/CLI	B-2700
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
			VACCUM GLORIETA WEST UNIT
1. Type of Well: OIL GAS WELL WEL		ON	
2. Name of Operator			8. Well No. 28
TEXACO EXPLORATION & PRODUCTION INC			
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat VACCUM GLORIETA
			VII.000 0220
Unit Letter L	_2304 Feet From The _	SOUTH Line and 1127	Feet From TheWEST Line
			MPMLEA_COUNTY
Section25			
	10. Elevation (Show whether	r DF, RKB, RT,GR, etc.)	
11. Check A	poropriate Box to Indica	te Nature of Notice, Repo	rt. or Other Data
			UBSEQUENT REPORT OF:
NOTICE OF INTENTION			ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	
PULL OR ALTER CASING [] CASING TEST AND CEN		_	
OTHER:			Csg Interity test for TA status
Describe Proposed or Completed C any proposed work) SEE RULE 110	Operations (Clearly state all pe 03.	ertinent details, and give pertin	ent dates, including estimated date of starting
7/15/97			
1. Notified NMOCD, TOH w/ pkr and tbg			
2. Set CIBP @ 5890'.			
3. TIH w/ open-ended tbg and circulated	hole w/ inhibited fluid & tested a	s per NMOCD guideslines to 500	0# for 30-mins, Held OK.
4. TOH w/tbg. Request temporarily aband	don well status through 7/15/20	02.	
(Orginal chart attached or copy of chart of	on back)		
(NEW TEPLINTERNAL STATUS: TR-II	NJ)		
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		This Approval Of Abandonment Expir	es /0-23-20
Thereby certify that the information above is true and complete to the best of my knowled SIGNATURE SUBJECT CLUMP	dge and belief. TITLE	Engineering Assistant	DATE 10/10/97
TYPE OR PRINT NAME BODDY S. MCCUIT	Yams		Telephone No. 397-0446
(This space for State Use) ONIGHAL STRUCT 1 SUPERVISOR			OCT 23 1997
APPROVED BY	_TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:			DeSoto Nichals 12-93 ver 1.0



5 (S27282)