

# OIL CONSERVATION DIVISION

## 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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-31785

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil / Gas Lease No.

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.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ 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 K : 2522 Feet From The SOUTH Line and 2283 Feet From The WEST Line  
Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

29

9. Pool Name or Wildcat

VACUUM GLORIETA

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.

7/17/97

1. Notified NMOCD. TOH w/ pkr and tbq.

2. Set CIBP @ 5900'.

3. TIH w/ open-ended tbq and circulated hole w/inhibited fluid & tested as per NMOCD guidelines to 500# for 30-mins, Held OK.

4. TOH w/tbq. Request temporarily abandon well status through 7/17/2002.

(Original chart attached or copy of chart on back)

(NEW TEPI INTERNAL STATUS: TR-INJ)

This Approval of Temporary  
Abandonment Expires 10-23-2002

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

SIGNATURE Bobby G. McCurry TITLE Engineering Assistant

DATE 10/10/97

TYPE OR PRINT NAME Bobby G. McCurry

Telephone No. 397-0446

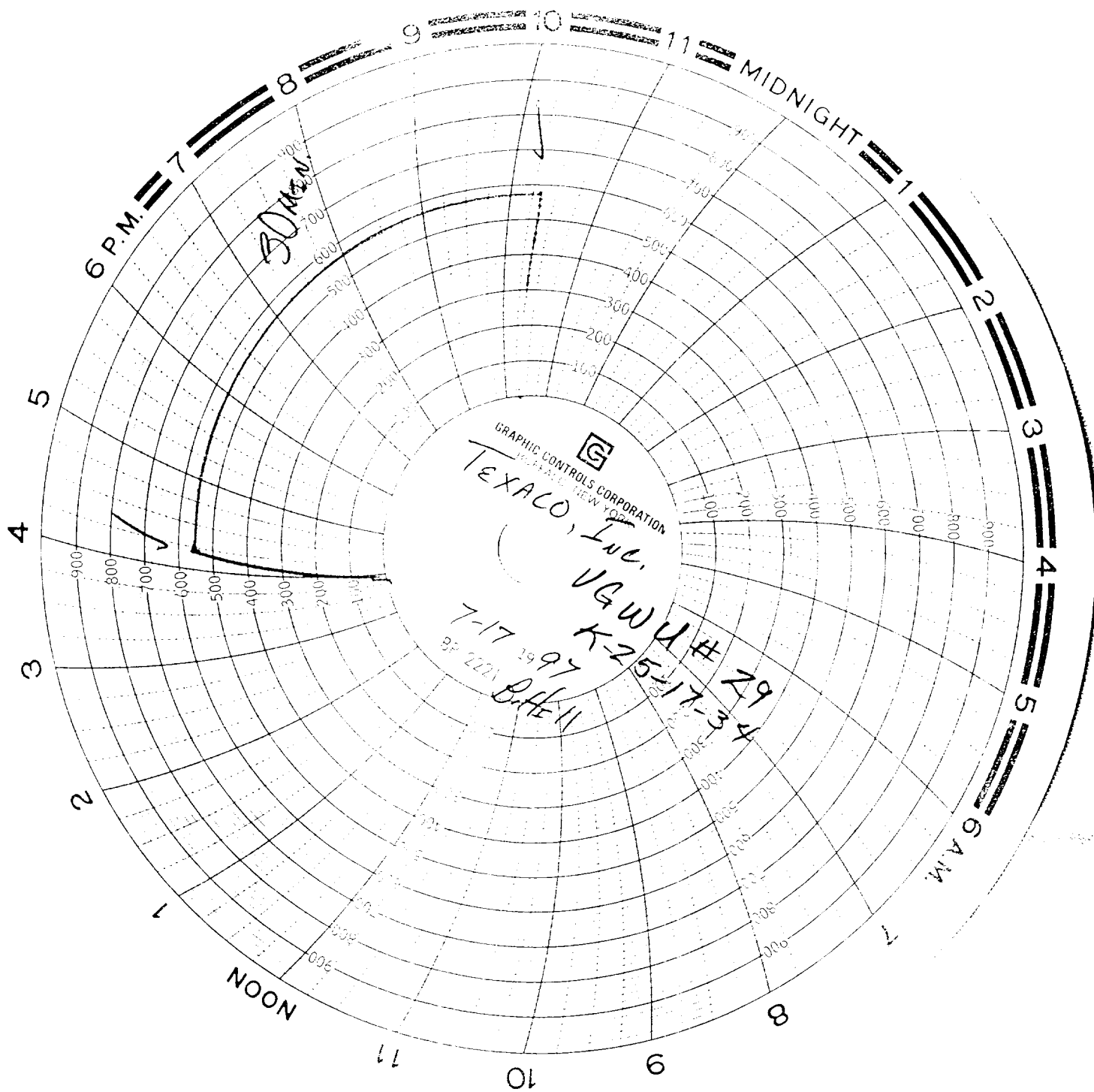
(This space for State Use) ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE OCT 23 1997

CONDITIONS OF APPROVAL, IF ANY:

myP



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