Submit 3 Copies to Appropriate
District Office

Type of Well:

2. Name of Operator

3. Address of Operator

P. O. Box 730 Well Location

Unit Letter H

Section 25

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

MET

11.

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

X

District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM	88240

**DISTRICT II** P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

WELL

OIL	CONSERVATION DIVISION
<b></b> -	

WELL API NO. 30-025-31807 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE X FEE 🗀 6. State Oil & Gas Lease No. B-1030-2 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT VACUUM GLORIETA WEST UNIT (FORM C-101) FOR SUCH PROPOSALS.) OTHER WATER INJECTION R. Well No. 20 Texaco Exploration and Production Inc. 9. Pool name or Wildcat VACUUM GLORIETA 88240 Hobbs, NM 181 Feet From The EAST Line : 1541 Feet From The NORTH Line and \_\_\_ County NMPM LEA Range 34-E Township 17-S 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3994' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS

CASING TEST AND CEMENT JOB

OTHER: BEGAN INJECTION OF WATER

OTHER: 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.

8/25/93

APPROVED BY \_

CONDITIONS OF APPROVAL, IF ANY:

BEGAN INJECTION OF FRESH WATER INTO WELL.

RATE @ APPROXIMATELY 900 BBL FRESH WATER ON A VACUUM

	11.6	
I hereby certify that the information above is true and complete to the best of my knowledge and be	ENGINEER'S ASSISTANT	DATE 8-27-93
SKONATURE / TOTAL CO. CLINICANI		ТЕLЕРНОМЕ NO.393-7191
Tirbox		
(This space for State Use)  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  TITLE	DISTRICT 1 SUPERVISOR	DATE SEP 01 1993