Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate
District Office

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

OIL CONSERVATION DIVISION	N
P.O. Box 2088	
0 - T- N- N 07504 2000	

WELL API NO. 30-025-31808		
5. Indicate Type of Lo	STATE X	FEE

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. B-155-6		
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.)	7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT		
I. Type of Well: OR. OAS WELL OTHER WATER INJECTION			
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No. 67		
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	9. Pool name or Wildcat VACUUM GLORIETA		
4. Well Location Unit Letter G: 1435 Feet From The NORTH Line and	1408 Feet From The EAST Line		
Section 36 Township 17-SOUTH Range 34-EAST	NMPM LEA County		
GR-3993', KB-4007'			
11. Check Appropriate Box to Indicate Nature of Notice	e, Report, or Other Data		
	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD	K ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AI	ND CEMENT JOB		
OTHER: OTHER: COMPI	ETION X		

- 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.
- 1. MIRU SERVICE UNIT. CLEAN OUT CASING TO PBTD: 6250'. TESTED CASING TO 3000# FOR 30 MINUTES 02-17-93.
- 2. HLS RAN GR-CCL. PERFED WITH 2 JSPF: 6011-6068, 6161-6190. 172 HOLES.
- 3. DOWELL ACIDIZED WITH 5000 GAL 15% HCL 02-18-93.
- 4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5960'.
- 5. TESTED PACKER TO 500# FOR 30 MINUTES 02-20-93.
- 6. PREP FOR INJECTION.

CONDITIONS OF APPROVAL, IF ANY:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE C. R. Basham / CW #	TITLE DRILLING OPERATIONS MANAGER		
TYPEOR PRINT NAME C. P. BASHAM		TELEPHONE NO. 915-688462	
(This space for State Use) CARCARAL SARABAL ST. 121. F. 127. F		FEB 2 4 1993	
APPROVED BY	mue	DATE	