Submit 3 Copies to Appropriate
District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 Santa Fe. New Mexico 87504-2088

30-025-31815

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lesse STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. B-1722-2		
SUNDRY NOTICES AND REPORTS ON WELLS			
(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 VACUUM GLORIETA WEST UNIT		
1. Type of Well: OIL OAS WELL OTHER WATER INJECTION			
2. Name of Operator	8. Well No.		
TEXACO EXPLORATION AND PRODUCTION INC.	9. Pool name or Wildow		
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	VACUUM GLORIETA		
4. Well Location Unit Letter M : 1114 Feet From The SOUTH Line and			
Section 30 Township 17-SOUTH Range 35-EAST	NMPM LEA County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3990', KB-4004'			
11. Check Appropriate Box to Indicate Nature of Notice, R	Report, or Other Data		
NOTICE OF INTENTION TO: SUE	SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	G OPNS. DUG AND ABANDONMENT		
PULL OR ALTER CASING CASING TEST AND C	CASING TEST AND CEMENT JOB		
OTHER: OTHER: COMPLETI	<u>on</u> <u></u>		
12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give pertinent dates, incluwork) SEE RULE 1103.	uding estimated date of starting any proposed		
1. MIRU SERVICE UNIT. CLEAN OUT CEMENT TO PBTD OF 6320'. TESTED CASING TO 3000# FOR 30 MINUTES 01-27-93. 2. HALLIBURTON RAN GR-CCL. PERFED WITH 2 JSPF: 6024-61, 6280-92. 98 HOLES. 3. DOWELL ACIDIZED WITH 3000 GAL 15% HCL. 01-28-93.			

- 4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5946'.
 5. TESTED PACKER TO 500# FOR 30 MINUTES 01-30-93.
- 6. PREP FOR INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and	l belief.	
	DRILLING OPERATIONS MANAGER	DATE 02-01-93
TYPE OR PRINT NAME C. P. BASHAM		TELEPHONE NO. 915-6884620
(This space for State Use) RESINAL 計學可能 D. (JEE 11 27 22 22 22 22 22 22 22 22 22 22 22 22		FEB 03 1993
APPROVED BY TTI CONDITIONS OF APPROVAL, IP ANY:	ne	- DAIS