

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-31817

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

B-1722-2

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 P : 146 Feet From The SOUTH Line and 128 Feet From The EAST Line

Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3990' GR

7. Lease Name or Unit Agreement Name
VACUUM GLORIETA WEST UNIT

8. Well No.

55

9. Pool Name or Wildcat

VACUUM GLORIETA

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: REPAIRED INJ PACKER & TESTED CASING ☒

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.

6/24/97

1. MIRU, INSTALLED BOP, RELEASE INJECTION PKR & TOH W/ INJECTION EQUIPMENT. REPAIRED PKR.

2. TIH W/ 5 1/2" GUIBERSON G6 INJ PKR ON 2 3/8" IPC INJ TBG. CIRCD HOLE W/ PKR FLUID, SET INJECTION PKR @ 5924'. TSTD CSG TO 580 PSI FOR 30 MIN, HELD OK.

3. RETURNED WELL TO INJECTION.

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

INTERNAL TEPI STATUS REMAINS: INJ)

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

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 6/30/97

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use) ORIGINAL SIGNATURE OF SUPERVISOR
APPROVED BY Monte C. Duncan TITLE Engr Asst

DATE 6/30/97

CONDITIONS OF APPROVAL, IF ANY:

