Submit 3 Copies

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

to Appropriate District Office	Energy, Minerals and Nathral Resources Department		Revised 1-1-89	
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 API NO. 30-025-31817	
			5. Indicate Type of I	STATE FEE
			6. State Oil & Gas L B-1722-2	
CUNDOW NOT	ICEC AND DEDODTS ON WEI	10	111111111111111111111111111111111111111	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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: ONL GAS WELL WELL	OTHER WATER I	NJECTION		
Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.			8. Well No. 55	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 3109 Midland, Texas 79702			VACUUM GLORIE	ETA
Well Location Unit Letter _P :1 Section25	10. Elevation (Show whether	nge 34-EAST DF, RKB, RT, GR, etc.)	128 Feet From T	he EAST Line County
	////// GR-3990', KB-4001'			
	Appropriate Box to Indicate 1	Nature of Notice, R	leport, or Other I SSEQUENT RE	Data SPORT OF:
NOTICE OF IN	TENTION TO:	305	SEQUENT NE	FORTOR:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN				LUG AND ABANDONMENT L
ULL OR ALTER CASING	1			_
OTHER:		OTHER: PRODUCTK	ON CASING	<u>\</u>
work) SEE RULE 1103. 1. DRILLED 7 7/8 HOLE TO 63 2. HALLIBURTON RAN GR-DLL- 3. RAN 18 JTS OF 5 1/2, 17; 4. DOWELL CEMENTED: 1st 5	TRIORS (Clearly state all pertinent details, and assistance of the control of the	IG FROM 6334' TO .5#, LTC CASING SI v/ 1/4# FLOCELE (1200 SACKS 35/6	4300'. PULLED G ET @ 6334'. DV T (15.6ppg, 1.18cf 5 POZ CLASS H w	R-DSN TO SURFACE. OOL @ 4990'. (/s). OPEN DV TOOL @ (// 6% GEL, 5% SALT,
-	nue and complete to the best of my knowledge and		TIONS MANAGER	DATE 01-11-93
TYPEORPRINT NAME C. P. BASHAM				ТЕГЕРНОНЕ NO. 915-6884
(This space for State Use) \$1@19A1 519F				JAN 13 19
APPROVED BY		TLE		DATE