

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
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., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-31833

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1520-1

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

8. Well No.  
4

9. Pool name or Wildcat  
VACUUM GLORIETA

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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION

2. Name of Operator  
TEXACO EXPLORATION AND PRODUCTION INC.

3. Address of Operator  
P. O. Box 3109 Midland, Texas 79702

4. Well Location  
Unit Letter L : 1410 Feet From The SOUTH Line and 1300 Feet From The WEST Line  
Section 24 Township 17-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
GR-4011', KB-4025'

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 OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: COMPLETION ☒

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. RIG UP UNION AND TESTED CASING TO 3000# FOR 30 MINUTES 05-18-93.
2. UNION TIH AND TAGGED PBTD @ 6316'. RAN GR-CCL. PERFED W/2 JSPF: 6063-6097, 6106-6119, 6280-6302. 138 HOLES.
3. DOWELL ACIDIZED WITH 3000 GAL 15% HCL 05-18-93.
4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 6004'.
5. TESTED PACKER TO 520# FOR 30 MINUTES 05-20-93.
6. PREP FOR INJECTION.

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

SIGNATURE C.P. Basham / SDH TITLE DRILLING OPERATIONS MANAGER DATE 05-21-93

TYPE OR PRINT NAME C.P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 26 1993

**RECEIVED**

**MAY 29 1993**

**OCD HOBBS OFFICE**