Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CONDITIONS OF APPROVAL, IP ANY:

OIL CONSERVATION DIVISION	
	WELL API N
P.O. Box 2088	30-025-3
	• • • •

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	IL CONSERVATION P.O. Box 2088		WELL API NO.	
2 D Novino 97504 2009		30-025-31838		
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No. B-1056-2	
SUNDRY NOTICE	S AND REPORTS ON WELL	S PLUG BACK TO A	Zilia Agranda Nama	
(DO NOT USE THIS FORM FOR PROPO	DIR. USE "APPLICATION FOR PER	MIT"	7. Lease Name or Unit Agreement Name	
(FORM C-10	I) FOR SUCH PROPOSALS.)		VACUUM GLORIETA WEST UNIT	
1. Type of Well:				
OR WELL GAS GAS	OTHER WATER IN	JECTION		
2. Name of Operator			8. Well No.	
Texaco Exploration and Produ	action Inc.		9. Pool name or Wildcat	
3. Address of Operator	4 00040		VACUUM GLORIETA	
P. O. Box 730 Hobbs, NN	88240		T TACOOM GEORIETA	
4. Well Location	Feet From The SOUTH	I ise and	1646 Feet From The EAST Line	
Unit Letter J : 1377	Feet From The OUT III	LADE ADO	County	
Service 25	Township 17-S Ran	nge 34-E	NMPM LEA	
Section 25	10. Elevation (Show whether L			
//////////////////////////////////////				
Check Ar	opropriate Box to Indicate N	Nature of Notice, R	Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF		SSEQUENT REPORT OF:		
		REMEDIAL WORK	☐ ALTERING CASING ☐	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:	🗆	OTHER: BEGAN INJECTION OF WATER X		
12. Describe Proposed or Completed Operatio work) SEE RULE 1103.	as (Clearly state all pertinent details, an	d give pertinent dates, incl	uding estimated date of starting any proposed	
6/11/93				
BEGAN INJECTION OF FRESH	WATER INTO WELL.			
RATE @ APPROXIMATELY 1200 BBL FRESH WATER ON A VACUUM				
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I hereby certify that the information above is true and complete to the best of my know	ledge and bolief.	
Thereby certify that the information above in the and complete the state of the sta	TITLE _ENGINEER'S ASSISTANT	DATE_6-16-93
SKONATURE		ТЕГЕРНОИЕ NO.393-7191
TYPE OR PRINT NAME MONTE C. DUNCAN		
(This space for State Use) and GINAL SIGNED BY SERV SEXT		JUN 17 1993
DISTRICT I SUPERVISOR	me	DATE