

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. 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 31839

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

B-1556

7. Lease Name or Unit Agreement Name

VACUUM GLORIETA WEST UNIT

8. Well No.

68

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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter H : 1517 Feet From The NORTH Line and 139 Feet From The EAST Line
Section 36 Township 17S Range 34E NMPM LEA COUNTY

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

3989 (GR)

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: ☐

TUBING LEAK ☒

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.

3-08-00: NOTIFY NMOC. WELL IS BEING PULLED DUE TO TBG LEAK. SET PKR @ 5944.11'. RAN 189 JTS 2 3/8" DUAL LINE. LEFT PKR IN 9 PTS. COMPRESSION. TEST TO 550# FOR 30 MIN-OK.

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

SIGNATURE

J. Denise Leake

TITLE Engineering Assistant

TYPE OR PRINT NAME

J. Denise Leake

DATE 4/20/00

Telephone No. 397-0405

(This space for State Use)

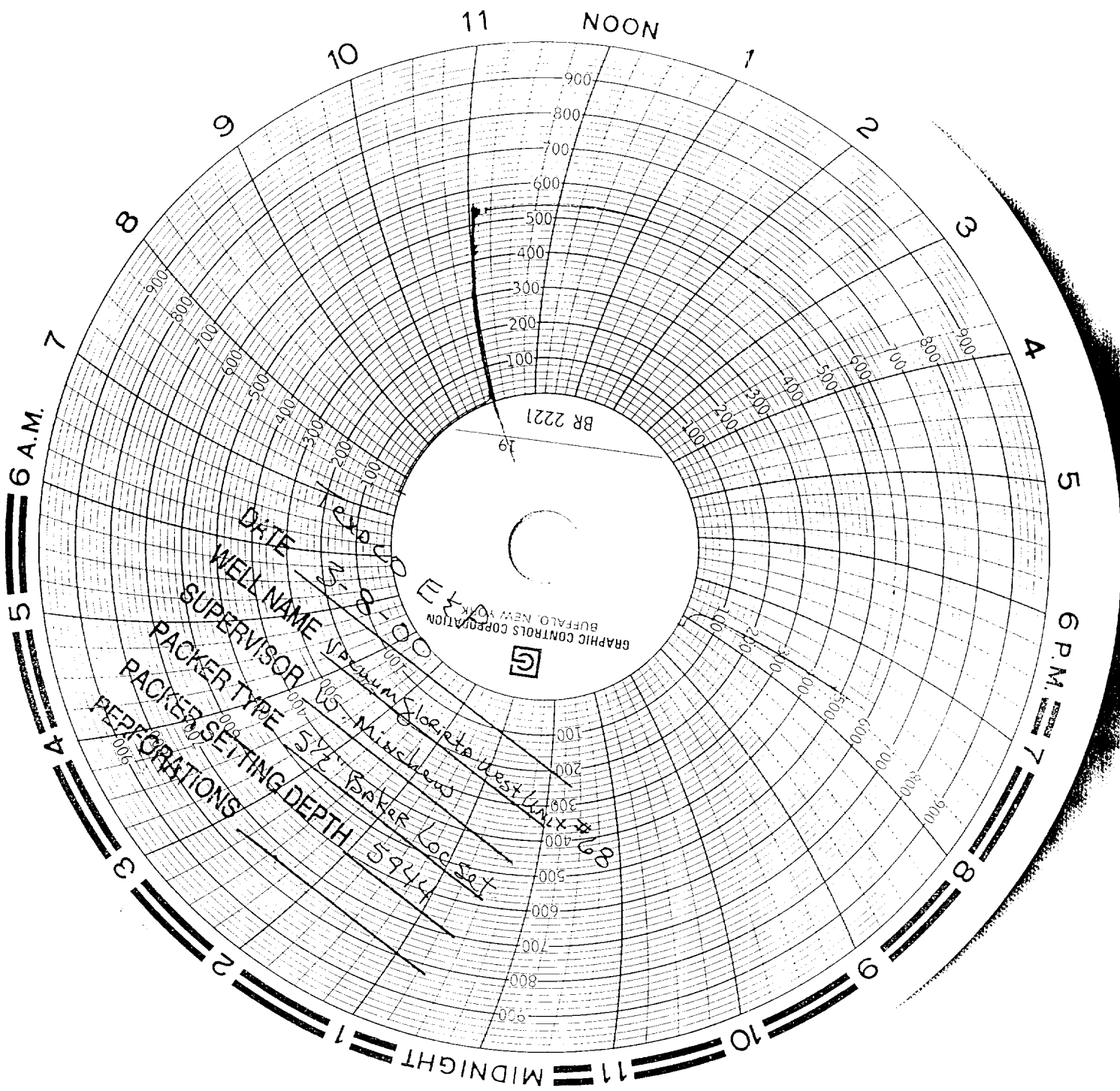
APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JCS



DATE 5-8-60 Exp
WELL NAME 5-8-001
SUPERVISOR W. J. Slope
PACKER TYPE 85-Misc
PACKER SETTING DEPTH 572" Baker Loc Set
PERFORATIONS 5944

BR 2221

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