Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Manerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

ON CONCERNATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 20	1.0. DOX 2000		WELL API NO. 30-025-31841				
DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 DISTRICT III 1000 Rio Brazos R4., Aziec, NM \$7410 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.)		5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. B-155-6 7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT					
				1. Type of Well: OIL GAS OTHER WATER INJECTION			
				2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.		8. Well No. 94	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702		9. Pool name or Wildoxt					
P. O. Box 3109 Midland, Texas 79702		VACUUM GLORIET	A				
Unit Letter : 1525 _ Feet From The _SOUTH	Line and	2591 Feet From The	EAST Line				
10. Elevation (Show whether		NMPM LEA	County				
GR-3994', KB-400		Variant or Other Do					
Check Appropriate Box to Indicate	Nature of Nouce, R	SEQUENT REP	ORT OF:				
NOTICE OF INTENTION TO:							
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING						
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT						
PULL OR ALTER CASING		EMENT JOB	_				
OTHER:	OTHER: COMPLETION X						
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.	and give pertinent dates, incl	uding estimated date of star	ting any proposed				
1. MIRU SERVICE UNIT. CLEAN OUT CASING TO PBTD OF 62 2. HLS RAN GR-CCL. PERFED WITH 2 JSPF: 5885-5902, 3. DOWELL ACIDIZED WITH 8000 GAL 15% HCL. 02-13-93 4. TIH WITH 2 3/8 TUBING AAND PACKER. SET PACKER @ 5. TESTED PACKER TO 500# FOR 30 MINUTES 02-17-93. 6. PREP FOR INJECTION.	5920-6012, 6084-6 I.	TO 3000# FOR 30 ! 112, 6120-6128. 2	MINUTES 02-12-93. 90 HOLES.				
I hereby certify that the information above is true and complete to the best of my knowledge		TIONS MANAGER	DATE 02-18-93				
SIGNATURE C.P. Basham CWH	TIME		TRESPHONE NO. 915-688462				
TYPE OR PRINT NAME C. P. BASHAM			TELEPHONE NO. 919-000402				
(This space for State Use)			FEB 2 2 1993				
ORIGINAL MENEO BY JERRY SEXTON			DATE				
APTROVED BY	TITLE		VAIB				