Submit 3 Copies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

•	Submit 3 Copie
	to Appropriate
	to Appropriate District Office

Form C-165 Revised 1-1-89

to Appropriate District Office	Likigy, Minking and Manual A	~		Revises 1.	1-02
OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30-025-31843 5. Indicate Type of Lease STATE FEB 6. State Oil & Gee Lease No. B-155-6 7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT		
SUNDRY NOTI (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C					
i. Type of Well: OIL OAS WILL	OTHER WATER	INJECTION			
2. Name of Operator TEXACO EXPLORATION AND	8. Well No. 95				
3. Address of Operator	9. Pool zame or Wildcat.				
P. O. Box 3109 Mid	lland, Texas 79702		VACUUM GLO	RIETA	
Unit Letter _J :15:	Township 17-SOUTH R	DF, RKB, RT, GR, etc.)	NMPM LEA	a The EAST	County
	///// GR-3990', KB-4004			<i>XIIIIIIIIIIII</i>	
11. Check . NOTICE OF IN	Appropriate Box to Indicate		Report, or Other SSEQUENT F		
NOTICE OF IN			SEQUENT		-
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	L.
EMPORARILY ABANDON	GOPNS.	PLUG AND ABANDO	NIMENT L		
PULL OR ALTER CASING	EMENT JOB				
OTHER:		OTHER: COMPLETI	ON		&
 Describe Proposed or Completed Operwork) SEE RULE 1103. MIRU SERVICE UNIT. CLEAN 2. UNION RAN GR—CCL. PERFEI 3. DOWELL ACIDIZED WITH 50 4. TIH WITH 2 3/8 TUBING ANI 5. TESTED PACKER TO 550# F6. PREP FOR INJECTION. 	OUT TO PBTD OF 6230'. TES D w/ 2 JSPF: 5944-5954, 5 OO GAL 15% HCL. 03-2-93. D PACKER. SET PACKER @ 58	TED CASING TO 300 964-6008, 6110-61	O# FOR 30 MINU	JTES 03-1- 93 .	
I hereby certify that the information above is to secondruse	ue and complete to the best of my knowledge as		TIONS MANAGER	DATE 03-15-9	
(This space for State Ung 自己)NAL 場象社 第五十年中	MAD PY BURRY DESCRIPTION Fig. Kirchille				100
APPROVED BY	7	muz		DATE -	