OTHER:

State of New Mexico Energy, Minerals and Natural Resources Denartment

Form C-103

٠	SUDDING 3 CODE
	to Appropriate
	to Appropriate District Office
	DIRECT CHIEFE

District Office					K641006 T	-1-57
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	TIC	N DIVISION	WELL API NO. 30-025-318	244		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	xico	87504-2088	5. Indicate Type			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & C B-155-6		FEB 🔝	
SUNDRY NOT	ICES AND REPORTS ON	I VAZEI	10	111111111111111111111111111111111111111		
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM C	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT				
1. Type of Well: OEL GAS WELL WELL	OTHER WA	TER	INJECTION			
2. Name of Operator TEXACO EXPLORATION AND	PRODUCTION INC.			8. Well No. 96		
3. Address of Operator	- · · · · · · · · · · · · · · · · · · ·			9. Pool name or	Wildcat	
	dland, Texas 79702			VACUUM GLO	ORIETA	
4. Well Location Unit Letter 1 : 14	27 Feet From The SOUTH		Line and	183 Pest Pro	m The EAST	Line
Section 36	Township 17-SOUTH	Ra	nge 34-EAST	NMPM LEA		County
	10. Elevation (Show w GR-3986', KB-4		DF, RKB, RT, GR, etc.)			
11. Check NOTICE OF IN	Appropriate Box to Indic TENTION TO:	cate 1		-	er Data REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		
OTHER:			OTHER: COMPLETIO	N .	*****	&
12. Describe Proposed or Completed Operawork) SEE RULE 1103. 1. MIRU SERVICE UNIT. CLEAN 2. UNION RAN GR-CCL. PERFEL 3. DOWELL ACIDIZED WITH 604 4. TIH WITH 2 3/8 TUBING AND 5. TESTED PACKER TO 550# F 6. PREP FOR INJECTION.	OUT TO PBTD OF 6300'.) w/ 2 JSPF: 5973-5981 00 GAL 15% HCL. 03-16-) PACKER. SET PACKER @	TEST 1, 59 -93.	ED CASING TO 3000; 86-6040, 6083-611	FOR 30 MIN	UTES 03-12-93.	· • • • • • • • • • • • • • • • • • • •

I hereby certify that the	information above is true and comp	iete to the best of my knowledge s	nd boilef.	
SIGNATURE	C.P. Basham	/cwn .	DRILLING OPERATIONS MANAGER	DATE 03-22-93
TYPE OR PRINT NAME	C. P. BASHAM			TELEPHONE NO. 915-6884620

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(This space for State Use) ORIGINAL 第400世 以下 非深沉 SEXTON \$WINGS STORE VILOR

MAR 2 4 1993

CONDITIONS OF APPROVAL, IF ANY:

APTROVED BY ---