Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-31870

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-3196

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.)

7. Lease Name or Unit Agreement Name
VACUUM GLORIETA WEST UNIT

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER WATER INJECTION

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
50

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

9. Pool name or Wildcat
VACUUM GLORIETA

4. Well Location
Unit Letter A : 328 Feet From The NORTH Line and 1214 Feet From The EAST Line

Section 35 Township 17-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-4011', KB-4025'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: COMPLETION [X]	

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.

1. UNION TIH & TAGGED PBTD @ 6165'. DOWELL TESTED CASING TO 3000# FOR 30 MINUTES 06-03-93.
2. UNION PERFED w/ 2 JSPF: 5945'-5974', 5980'-5987', 6070'-6100'. 132 HOLES.
3. DOWELL ACIDIZED WITH 2700 GAL 15% HCL.
4. TIH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5876'.
5. TESTED PACKER FOR 30 MINUTES 06-06-93.
6. PREP FOR INJECTION.

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

SIGNATURE C.P. Basham/cww TITLE DRILLING OPERATIONS MANAGER DATE 06-07-93

TYPE OR PRINT NAME C.P. BASHAM TELEPHONE NO. 915-6884620

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN - 9 1993

CONDITIONS OF APPROVAL, IF ANY: