

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Geology, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30 025 31875

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

8. Well No.

108

9. Pool Name or Wildcat

VACUUM GLORIETA

**SUNDRY NOTICES AND REPORTS ON WELL**  
(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.)

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

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter P : 213 Feet From The South Line and 351 Feet From The EAST Line

Section 36 Township 17-SO Range 34-EA NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3986', KB-4000'

11. 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: ☒ PERFORMED MIT & RETURNED TO INJECTION

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.

3-13-98

1. NOTIFIED NMOCD. TESTED CSG FROM SURFACE TO PACKER SET @ 6050' AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.

2. RETURNED TO INJECTION.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: INJ)

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

DATE 4/24/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY J. Denise Leake TITLE Engineering Assistant

DATE 4/24/98

CONDITIONS OF APPROVAL, IF ANY:

