

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-31880 ✓

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-155-6

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.
105

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

9. Pool name or Wildcat
VACUUM GLORIETA

4. Well Location
Unit Letter N : 453 Feet From The SOUTH Line and 1340 Feet From The WEST Line
Section 36 Township 17-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3999', KB-4013'

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: COMPLETION ☒

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. RIG UP UNION AND TESTED CASING TO 3000# FOR 30 MINUTES 05-17-93.
2. UNION TH AND TAGGED PBTD @ 6149'. RAN GR-CCL. PERFED W/2 JSPF: 5901-5960, 5968-5990, 6066-6102. 234 HOLES.
3. DOWELL ACIDIZED WITH 5800 GAL 15% HCL 05-17-93.
4. TH WITH 2 3/8 TUBING AND PACKER. SET PACKER @ 5815.
5. TESTED PACKER TO 580# FOR 30 MINUTES 05-20-93.
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 / SDH

TITLE DRILLING OPERATIONS MANAGER DATE 05-21-93

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 _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 26 1993

RECEIVED
MAY 20 1993
OCD HOBBS OFFICE