Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Form C-103 Revised 1-1-89

| Energy, M | finerals | and Natural | Resources | Department |  |
|-----------|----------|-------------|-----------|------------|--|
|           |          |             |           |            |  |

| DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION<br>P.O. Box 2088   |                            | PI NO.<br>25-31884                                   |  |  |  |  |
|--|----------------------------|--|--|--|--|--|
| DISTRICT II Santa Fe, New Mexico 8 P.O. Drawer DD, Artesia, NM 88210   | 7504-2088                  | ate Type of Lesse STATE FEE                          |  |  |  |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410   | 6. State<br>B-15           | Oil & Gas Lease No.                                  |  |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELL   |                            |  |  |  |  |  |
| ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI   | R PLUG BACK TO A 7. Leas   | e Name or Unit Agreement Name  JM GLORIETA WEST UNIT |  |  |  |  |
| (FORM C-101) FOR SUCH PROPOSALS.)  |                            | M GLORIETA WEST GIVE                                 |  |  |  |  |
| 1. Type of Well: Oil GAS WELL OTHER WATER IN   |                            |  |  |  |  |  |
| 2. Name of Operator  | 8. Well                    | l No.  |  |  |  |  |
| Texaco Exploration and Production Inc.   | 107                        | name or Wildcat                                      |  |  |  |  |
| 3. Address of Operator   | i                          | j  |  |  |  |  |
| P. O. Box 730 Hobbs, NM 88240  4. Well Location  | VACU                       | UM GLORIETA  |  |  |  |  |
| Unit Letter P: 183 Feet From The SOUTH   | Line and 931               | Feet From The EAST Line County                       |  |  |  |  |
| Section 36 Township 17-S Range 34-E NMPM LEA   |                            |  |  |  |  |  |
| 10. Elevation (Show whether D  |                            |  |  |  |  |  |
| //////////////////////////////////////   |                            |  |  |  |  |  |
| 11. Check Appropriate Box to Indicate N  | ature of Notice, Report, o | 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: BEGAN INJECTION     | OF WATER 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. |                            |  |  |  |  |  |
| 9/3/93   |                            |  |  |  |  |  |
| BEGAN INJECTION OF FRESH WATER INTO WELL.  |                            |  |  |  |  |  |
| RATE @ APPROXIMATELY 900 BBL FRESH WATER ON A VACUUM   |                            |  |  |  |  |  |
|  |                            |  |  |  |  |  |
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|  |                            | ,  |  |  |  |  |
|  | -41.eF                     |  |  |  |  |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and   |                            | DATE_9-7-93  |  |  |  |  |
| TYPE OR PRINT NAME MONTE C. DUNCAN   |                            | TELEPHONE NO.393-7191                                |  |  |  |  |
|  |                            |  |  |  |  |  |
| (This space for State Use) Orig. Signed by Paul Kauts  |                            | SEP 1 0 1993   |  |  |  |  |
| APPROVED BY  | £                          | DATE   |  |  |  |  |

SEP 11 8 1393