Submit 3 Copies to Appropriate District Office

APTROVED BY ---

CONDITIONS OF APPROVAL, IP ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

- DATE ---

District Office	
P.O. Box 1980, Hobbs, NBM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO. 30-025-32262
DISTRICT II P.O. Drawer DD, Artesia, NIM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Astec, NM 87410	STATE X FEE 6. State Oil & Gee Lense No. B-1520-1
CUMPOVAICTICES AND DEPORTS ON MELLS	8-1520-1
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 ONS OTHER	
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No.
3. Address of Operator P. O. Box 3109 Midland, Texas 79702	9. Pool same or Wildcat
4. Well Location	VACUUM GLORIETA
Section 25 Township 17—SOUTH Range 34—EAST 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	971 Feet From The EAST Line NMPM LEA County
GR-3995', KB-4009'	
11. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO:	Report, or Other Data BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	
PULL OR ALTER CASING CASING TEST AND	F
OTHER: OTHER: COMPLET	TION X
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includent). SEE RULE 1103. MIRU SERVICE UNIT CLEANED OUT TO PBTD @ 6244'. TESTED CASING TO 300 CO. UNION RAN GR—CCL. PERFED WITH 2 JSPF: 6063–6086, 6092–6110, 6116-3. DOWELL. ACIDIZED W/ 4500 GAL 15% HCL. 01–08–94. TIH W/ 2 7/8 TUBING, RODS AND PUMP. PUMPED 3 BO, 63 BW, 22 MCF IN 24 HRS. 01–19–94. TESTING. 	00# FOR 30 MINUTES 01-06-94.
I hereby certify that the information above in true and complete to the best of my knowledge and baller. ———————————————————————————————————	LTIONS MANACED 04 05 04
MONATURE U. I. SUILLING UPERA	ATIONS MANAGER DATE 01-26-94
TYPE OR FRENT NAME C.P. BASHAM	TELEPHONE NO. 915-688462
(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DELYRICT I SUPERVISOR	JAN 2.8 1994

_ TTTL# __