

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 Branson Rd., Aztec, NM 87410

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

WELL API NO.
30-025-32263

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2317

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

8. Well No.
98

9. Pool name or Wildcat
VACUUM GLORIETA

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

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

4. Well Location
Unit Letter P : 937 Feet From The SOUTH Line and 532 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-4007', KB-4021'

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. TESTED CASING TO 3000# FOR 30 MINUTES 02-01-94.
2. UNION RAN GR-CCL. PERFD W/ 2 JSPF: 5876-5884, 5898-5904, 5932-5988. 140 HOLES.
3. DOWELL ACIDIZED WITH 6000 GAL 15% HCL. 02-02-94.
4. MIRU SERVICE UNIT CLEAN OUT TO PBTD @ 6135'.
5. TIH W/ 2 7/8 TUBING, RODS AND PUMP.
6. PUMPED 155 BO, 40 BLW, 33 MCF IN 24 HOURS. 02-08-94.
7. TESTING.

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 02-11-94

TYPE OR PRINT NAME C.P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

Orig. Signed by
Paul Hantz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: