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Submit 3 Copies 10 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 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-32339	
		87504-2088	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. 548570
SUNDRY NOT	ICES AND REPORTS ON WEL	LS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM (2-101) FOR SUCH PROPOSALS.)		NEW MEXICO 'O' STATE NCT-1
1. Type of Well: Off. QAS WELL X WELL	ОТНЕЯ		
2. Name of Operator TEXACO EXPLORATION AND	PRODUCTION INC.		8. Well No. 36
3. Address of Operator P. O. Box 3109 Mi	dland, Texas 79702		9. Pool name or Wildcat
4. Well Location			VACUUM DRINKARD
	330 Feet From The SOUTH	Line and	2210 Feet From The WEST Line
Section 36	Township 17-SOUTH Ra	inge 34-EAST	NMPM LEA County
	10. Elevation (Show whether GR-3995', KB-4009'		
	Appropriate Box to Indicate l		•
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB .
OTHER:		OTHER: COMPLETE	on &
12. Describe Proposed or Completed Oper work) SEE RULE 1103.		d give pertinent dates, incli	ding estimated date of starting any proposed O# FOR 30 MINUTES 03-04-94.

1. Type of Well:	-	
OIL X OAS WELL OTHER		
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.	8. Well No. 36	
3. Address of Operator	9. Pool name or Wildcat	
P. O. Box 3109 Midland, Texas 79702	VACUUM DRINKARD	
4. Well Location Unit Letter _N : : : SOUTH Line and	2210 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.)		
11. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data	
	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND	CASING TEST AND CEMENT JOB	
OTHER: OTHER: COMPLET	OTHER: COMPLETION X	
2. UNION RAN GR-CCL. PERFED WITH 2 JSPF: 7498-7519, 7529, 7534-7538 7588-7592, 7598, 7620-7628, 7640-7660, 7682, 7685-7688, 7692-7702, 200 HOLES. 3. TIH W/ PACKER. DOWELL ACIDIZED W/ 25000 GAL 20% HCL. 03-05-94. 4. RETRIEVED PACKER AND TOH. TIH W/ 2 7/8 TUBING, RODS AND PUMP. 5. PUMPED 64 BO, 2 BW, 54 MCF IN 24 HRS. 03-20-94. 6. TESTING.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE . P. BASHAM TYPE OR PRINT NAME C.P. BASHAM	ATIONS MANAGER DATE 03-22-94 TELEPHONE NO. 915-688462	
APPROVED BY	ED BY JERRY SEXTON I SUPERVISOR DATE	
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

MAR 2 × 1994

OCD HOBBS OFFICE