

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.	30-025-20494
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1080-2
7. Lease Name or Unit Agreement Name	NEW MEXICO M STATE
8. Well No.	7
9. Pool Name or Wildcat	VACUUM DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4010' DF

SUNDRY NOTICES AND REPORTS ON WELL  
(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 & PRODUCTION INC.

3. Address of Operator  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter F : 1800 Feet From The NORTH Line and 1980 Feet From The WEST Line  
Section 1 Township 18-S Range 34-E NMPM LEA COUNTY

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 ☐  
PUL. OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☒ PERFD WC STRING FOR VENT STRING

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.

IN 1993, THE WOLFCAMP AND GLORIETA STRINGS OF THE ABOVE WELL WERE ABANDONED AND THE WELL WAS RECOMPLETED IN THE VACUUM DRINKARD POOL

7/8/95

1. NOTIFIED MR. SEXTON OF THE NMOC D OF PROPOSED WORK PROCEDURE.
2. MIRU ON WOLFCAMP STRING, PERFORATED FROM 7372'-7375' W/ 2 SPF (8 HOLES) TO PROVIDE A VENT STRING FOR THE DRINKARD STRING.
3. RETURNED WELL TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 7/17/95

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use)

APPROVED BY Monte C. Duncan TITLE Engr Asst

CONDITIONS OF APPROVAL, IF ANY:

DATE

**JUL 19 1995**