

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. 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.	30-025-34542
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	292
9. Pool Name or Wildcat	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4004'

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 3109, Midland Texas 79702'

4. Well Location Unit Letter M 820 Feet From The SOUTH Line and 46 Feet From The WEST Line Section 36 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4004'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- EXTEND DRILLING PERMIT

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPERATION
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

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.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE DECEMBER 4, 1999 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL YEAR.

Expires Dec. 4, 2000

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

SIGNATURE A. Phil Ryan TITLE Commission Coordinator DATE 11/15/1999

TYPE OR PRINT NAME A. Phil Ryan Telephone No. 688-4606

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR TITLE

DATE NOV 15 1999

CONDITIONS OF APPROVAL, IF ANY:

CD