

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. 30-025-32624
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 WILLIAM WEIR
8. Well No. 6
9. Pool Name or Wildcat MONUMENT ABO FIELD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3687'

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
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter **NP** Section **23** Township **19-S** Range **36-E** NMPM LEA COUNTY
Feet From The **425** SOUTH Line and **660** Feet From The **1830** EAST Line

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3687'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

INSTALLED IDENTIFIED RISERS AND SURFACE VALVES ON OUTLET OF ALL UNEXPOSED CASING STRINGS.

INSTALLATION WAS APPROVED BY NMOCD PERSONNEL.

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

SIGNATURE *V. Greg Maes* TITLE Engineering Assistant DATE 9/10/97

TYPE OR PRINT NAME V. Greg Maes Telephone No. 397-0431

(This space for State Use)

APPROVED BY *Paul Kautz* TITLE Geologist DATE OCT 07 1997

CONDITIONS OF APPROVAL, IF ANY