

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 32005
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil / Gas Lease No. B-1306
7. Lease Name or Unit Agreement Name NEW MEXICO 'R' STATE NCT-3
8. Well No. 28
9. Pool Name or Wildcat VACUUM DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3983'

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 [X] 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 P, 1310 Feet From The SOUTH Line and 110 Feet From The EAST Line. Section 1 Township 18-S Range 34-E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3983'

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: EXTEND DRILLING PERMIT [X]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: []

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 MAY NOT BE SPUDED BEFORE THE SEPTEMBER 7, 1995 EXPIRATION DATE. THIS WELL WILL BE DRILLED IN SPETEMBER OR EARLY OCTOBER. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX MONTHS.

Expires March 7, 1996

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE C. Wade Howard TITLE Eng. Assistant DATE 8/11/95
TYPE OR PRINT NAME C. Wade Howard Telephone No. 688-4606

(This space for State Use) APPROVED BY [Signature] TITLE [Signature] DATE AUG 16 1995
CONDITIONS OF APPROVAL, IF ANY: