~1	5	r	Form C-103
1		ัก	Revised 1-1-

Submit 3 copies to Appropriate District Office	Fnorgy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-8
DISTRICT I P.O. Box 1980, Hobbs, NM 88. DISTRICT II P.O. Box Drawer DD, Artesia, N DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	P.O. Box 2088  NM 88210  Santa Fe, New Mexico 87504-2088	WELL API NO.  30-015-28351  5. Indicate Type of Lease  STATE FEE  6. State Oil / Gas Lease No.
SUNI (DO NOT USE THIS FORM DIFFERE	7. Lease Name or Unit Agreement Name REMUDA BASIN STATE	
1. Type of Well: OIL WELL Y	GAS WELL OTHER	
2. Name of Operator TEX	XACO EXPLORATION & PRODUCTION INC.	8. Well No.
Address of Operator PC	Pool Name or Wildcat     NASH DRAW DELAWARE	
Well Location     Unit Letter N     Section30	: 660   Feet From The   SOUTH   Line and   1980	Feet From The WEST Line  MPM EDDY COUNTY
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3071'	
11. C	Check Appropriate Box to Indicate Nature of Notice, Report,	or Other Data
NOTICE OF INT	TENTION TO:	IBSEQUENT REPORT OF

				00001	ITT THE OILT OIL	
PERFORM REMEDIAL WORK		PLUG AND ABANDON	-	REMEDIAL WORK	_	ALTERING CASING
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATION	ON	PLUG AND ABANDONMENT
PULL OR ALTER CASING	-			CASING TEST AND CEMENT JOB	_	
OTHER:				OTHER:	POOL NA	AME CHANGE

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.

THE POOL NAME ON THE SUBJECT WELL RECOMPLETION HAS BEEN CHANGED BY THE NMOCD TO THE NASH DRAW DELAWARE, POOL CODE 47545

(COPY ATTACHED)



I hereby certify that the information above is trive and complete to the cest of try knowledge and belief.	
SIGNATURE TITLE Engineering Assistant	DATE 10/8/01
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 915-688-4752
SUPERVISOR, DISTRICT II	COT 25 201
Ē	DeSoto/Nichols 12-93 ver 1.0