## State of New Mexico

Form C-103	0)9
Revised 1-1-	89

Submit 3 copies to Appropriate District Office
<u>DISTRICT I</u>
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Submit 3 copies to Appropriate District Office		Form C-103 Revised 1-1-		
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.  30-015-28113  5. Indicate Type of Lease  STATE FEE  6. State Oil / Gas Lease No.  K-5017		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE)	FICES AND REPORTS ON WELL POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RVOIR. USE "APPLICATION FOR PERMIT C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name TODD "2" STATE		
1. Type of Well: OIL GAS WELL WELL	L   OTHER	]		
2. Name of Operator TEXACO EXP	PLORATION & PRODUCTION INC.	8. Well No. 10		
3. Address of Operator P.O. Box 310	9, Midland Texas 79702	9. Pool Name or Wildcat INGLE WELLS: DELAWARE		
4. Well Location  Unit LetterM				
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3494'			
11. Check Ap	propriate Box to Indicate Nature of Notice, Repor	rt, or Other Data		
NOTICE OF INTENTIO	N TO:	UBSEQUENT REPORT OF:		

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.

 $\boxtimes$ 

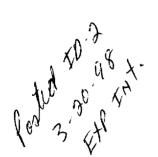
REMEDIAL WORK

OTHER:

COMMENCE DRILLING OPERATION

CASING TEST AND CEMENT JOB

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE MARCH 23, 1995 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL SIX MONTHS.



Plication ExPIRED

PLUG AND ABANDON

**CHANGE PLANS** 

EXTEND DRILLING PERMIT

ALTERING CASING

PLUG AND ABANDONMENT

SIGNATURE	C. Walet stand	TITLE_	Eng. Assistant	DATE	2/10/95
TYPE OR PRINT NAME	C. Wade Howard			Telephone No.	688-4606

TITLE

(This space for State Us-ORIGINAL	SIGNED	BY	TIM	W.	GUN
APPROVED BY DISTRICT	II SUPER	IVIS	OR		TIT

DATE FEB 1 4 1995

CONDITIONS OF APPROVAL, IF ANY:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

**PULL OR ALTER CASING** 

OTHER:

