CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103	
Revised 1-1-	89

DeSoto/Nichols 10-94 ver 2.0

C Form C-103 Revised 1-1-89	إزآ
Form C-103	1)
Revised 1-1-89	V
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District Office						Revis	ed 1-1-89
DISTRICT I	OIL CONS	SERVA	TION DIV	ISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240)	P.O. Box	c 2088		30-015-	-28114	
DISTRICT II	Santa F	e. New M	exico 87504-20	88	5. Indicate Type of Lease		
P.O. Box Drawer DD, Artesia, NM DISTRICT III	88210	-,				STATE 🔀	FEE
1000 Rio Brazos Rd., Aztec, NM &	37 4 10				6. State Oil / Gas Lease No		
	RY NOTICES AND REP	OPTS ON	WELL			K-5017	
(DO NOT USE THIS FORM FO	OR PROPOSALS TO DRILL	OR TO DE	EPEN OR PLUG B	ACK TO A	7. Lease Name or Unit Ag	reement Name	
	T RESERVOIR. USE "APP! (FORM C-101) FOR SUCH				TODD "2" STATE		
4 T	GAS -	THOTOGAL	.5.,				
" WELL 🖾	WELL LI OTHER						
Name of Operator TEXA	ACO EXPLORATION & PRO	DUCTION	INC.		8. Well No.		
3. Address of Operator P.O.	Box 3109, Midland Texas 7	9702			9. Pool Name or Wildcat	C. DELAWADE	
4. Well Location		· · ·		· · · · · · · · · · · · · · · · · · ·	HAGLE WELL	S: DELAWARE	
Unit LetterN	<u>: 660</u> Feet F	rom The _	SOUTH Line and	1980	Feet From The WEST	TLine	
Section 2	Township 24-S		Range <u>31-E</u>	NM	IPME	DDY COUNT	1
	10. Elevation (Short	w whether DF	, RKB, RT,GR, etc.)	3490'			
^{11.} Cr	neck Appropriate Box t	to Indicate	e Nature of Not	ice, Report	, or Other Data		
NOTICE OF INTI	ENTION TO:		1	SU	IBSEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON	REMEDIAL W	ORK	ALTERING	G CASING	
TEMPORARILY ABANDON	CHANGE PLANS		= 1	DRILLING OPE	<u></u>	D ABANDONMEN	
PULL OR ALTER CASING			- 1	T AND CEMEN			
	L_I TEND DRILLING PERMIT		OTHER:				
DUE TO DRILLING PRIORITY, TORILLING PERMIT FOR AN AD		SPUDDED I	BEFORE THE M AR	RCH 23, 1995	EXPIRATION DATE. PL	EASE EXTEND	THIS
<i>y</i> ,			***		The Company of the Co		
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10 m						9/ 1/	
4001						12719	- Z
APPlica	9 tion L		DIPEL				4.3
I hereby certify that the information above is true a SIGNATURE S. M. of	ind complete to the best of my knowledge ar	nd belief.	Eng. Assistant		D.1	T 04005	
	C. Wade Howard	_ TITLEE	g. / toolotailt		DA I	'E <u>2/10/95</u> e No. 688-46	306
TYPE OR PRINT NAME	O. YYAUE HUWAIU				Оорион		
(This space for State Use) ORIGINAL S APPROVED BY <u>DISTRICT</u> &		UM _TITLE			DATE_	EB 1 4 19	95