

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.	30 045 24385
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	541350
7. Lease Name or Unit Agreement Name	NEW MEXICO COM C
8. Well No.	A 1
9. Pool Name or Wildcat	BLANCO MESAVERDE (PRORATED GAS)

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 3300 N. Butler Suite 100, Farmington NM 87401

4. Well Location Unit Letter D : 790 Feet From The NORTH Line and 840 Feet From The WEST Line Section 36 Township 30N Range 10W NMPM SAN JUAN COUNTY

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

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: Hydrogen Sulfide Gas Analysis <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

NOTICE: Hydrogen Sulfide Gas has been detected from the well in amounts exceeding ten (10) ppm. Please advise your field employees of the dangers associated with Hydrogen Sulfide Gas when on this lease.

9/6/94 Sampled from gas stream - 14 ppm H2S

RECEIVED SEP 20 1994 OIL CON. DIV. DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE [Signature] TITLE Area Manager DATE 9/19/94 TYPE OR PRINT NAME Ted A. Tipton Telephone No. 325-4397

(This space for State Use) APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR, DIST. #3 DATE SEP 20 1994 CONDITIONS OF APPROVAL, IF ANY: