

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. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-005-00423
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	White Ranch
8. Well No.	2
9. Pool name or Wildcat	White Ranch Mississippian (Gas)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3782 GR

SUNDRY NOTICES AND REPORTS ON WELLS
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator TOCO, L.L.C.
3. Address of Operator P.O. Box 888, Hobbs, NM 88241	4. Well Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line Section 34 Township 11S Range 29E NMPM Chaves County

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 OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
	OTHER: Return to Production <input checked="" 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.

Well was returned to production 11/15/94.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah McKelvey TITLE Agent DATE 12/21/94
TYPE OR PRINT NAME Deborah McKelvey TELEPHONE NO. 505-392-7050

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE DEC 27 1995

CONDITIONS OF APPROVAL, IF ANY: