

**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.	30-025-28408
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9505
7. Lease Name or Unit Agreement Name	NEW MEXICO AT STATE
8. Well No.	11Y
9. Pool Name or Wildcat	SAUNDERS PERMO UPPER PENN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4215' GR

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  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter D : 990 Feet From The NORTH Line and 890 Feet From The WEST Line  
Section 15 Township 14S Range 33E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: CASING INTEGRITY TEST FOR TA STATUS ☒

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.

1/18/94 - 1/20/94

1. NOTIFIED NMOCD. TOH W/ PRODUCTION EQUIPMENT.
  2. SET CIBP @ 9700' & CAPPED W/ 35' CMT, PBTD @ 9665'.
  3. CIRCD HOLE W/ INHIBITED FLUID & TSTD AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN, HELD OK.
  4. TOH W/ TBG. REQUEST TEMPORARILY ABANDON WELL STATUS THROUGH 1/1/99.
- (ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

This Approval of Temporary  
Abandonment Expires 1-15-99

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

SIGNATURE Monte C. Duncan TITLE Engr Asst

DATE 1/27/94

TYPE OR PRINT NAME Monte C. Duncan

Telephone No. 397-0418

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE FEB 01 1994

CONDITIONS OF APPROVAL, IF ANY: