State of New Mexico Energy, Minards and Natural Resources Department

Form C-103 Revised 1-1-89

11/12/98

(505) 393-2727

 UU_{V}

_ DATE ___

TELEPHONE NO.

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 **OIL CONSERVATION DIVISION** WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-34526 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87503 5. Indicate Type of Lease FEE STATE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL ___ OAS WELL OTHER TOWER Name of Operator 8. Well No. TOCO L. L. C. Address of Operator 9. Pool name or Wildcat c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NEW MEXICO 88241 HIGHTOWER DEVONIAN Well Location Unit Letter N: 373 Feet From The SOUTH Line and 2035 Feet From The Line hip 12S Range 33E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township **NMPM** LEA County 4244 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: COMMENCE DRLG. X OTHER: 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. 11/05/98 RIG UP & SPUD 17 1/2" HOLE. CMT 13 3/8" W/375 SX @ 344'. PLUG DOWN. CIRC'D 25 SXS TO PIT. 11/06/98 DRL PLUG & CMT. TEST CSG TO 600 PSI 11/14/98 RAN 88 JOINTS 8 5/8" CSG @ 3789' W/1100 SX CMT. CIRC'D 71 SXS TO PIT. NU & CUT 8 5/8" CSG. CUT 13 3/8" CSG CELLAR FLOOR LEVEL. WELD HEAD TO 8 5/8" CSG & TEST. NU BOP & TEST. 11/17/98 DRLG W/WTR @ 5545'

TITLE ____AGENT

- TITLE -

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

ORIGINAL SIGNED BY GARY WINK

FIELD REP. II

GAYE HEARD

SIGNATURE _

APPROVED BY -

TYPE OR PRINT NAME

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY: