Submit 3 copies
to Appropriate
District Office

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

**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

| WELL API NO |
| --- |
| 30-025-03103 |

5. Indicate Type of Lease

STATE ✔      FEE

6. State Oil / Gas Lease No.
739380

### SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(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    205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter ___G___ : ___1650___ Feet From The ___NORTH___ Line and __2310__ Feet From The ___EAST___ Line

Section _7_        Township _18S_        Range_ 35E_     NMPM _____ LEA  COUNTY

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

7. Lease Name or Unit Agreement Name
STATE AN

8. Well No.
3

9. Pool Name or Wildcat
VACUUM ABO REEF

11.

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  —

TEMPORARILY ABANDON  —

PULL OR ALTER CASING  —

OTHER:  —

PLUG AND ABANDON  —

CHANGE PLANS  —

### SUBSEQUENT REPORT OF:

REMEDIAL WORK  —        ALTERING CASING  ✔

COMMENCE DRILLING OPERATION —   PLUG AND ABANDONMENT  —

CASING TEST AND CEMENT JOB  —

OTHER: _____   Request 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.

6-12-00: TESTED CSG TO 580# FOR 30 MIN. NOTIFY NMOCD.

CIBP @ 819"
PERFS: 8262-8879

REQUEST TA STATUS FOR THIS WELL.

ORIGINAL CHART & COPY OF CHART ATTACHED.

This Approval of Temporary
Abandonment Expires ___ 8-28-2005

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

SIGNATURE _____   TITLE  Engineering Assistant       DATE  8/23/00

TYPE OR PRINT NAME    J. Denise Leake            Telephone No.  397-0405
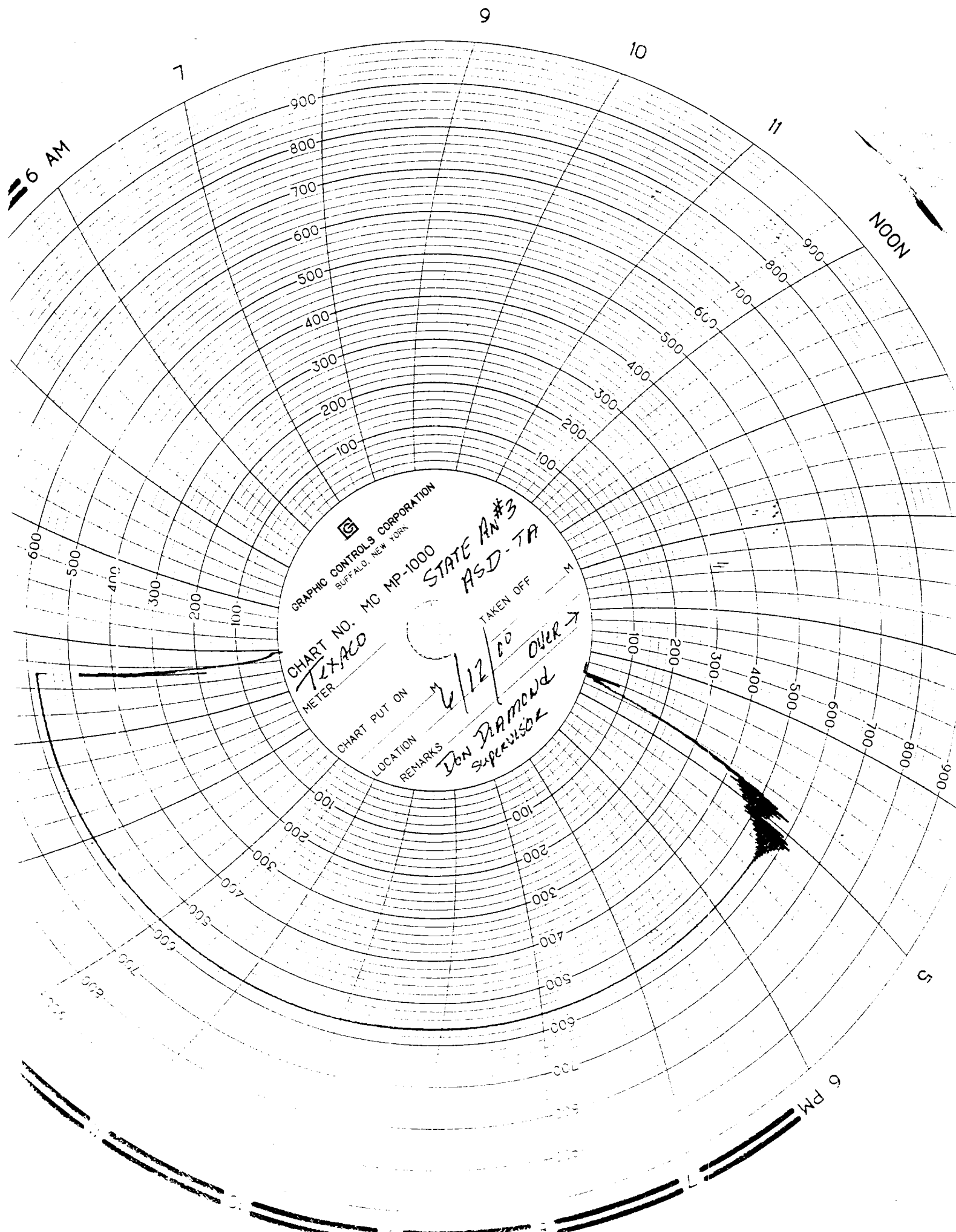
(This space for State Use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY _____ TITLE_____ DATE:_____

DeScto Nichols 12-93 ver 1 0

JCNG

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _TEXACO_

CHART PUT ON

LOCATION

REMARKS

STATE An#3
ASD-TA

TAKEN OFF

4/12/00  over →

Don Diamond
Supervisor