FEE

State of New Mexico Submit 3 copies to Appropriate District Office /, Minerals and Natural Resources Department DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 3002503106 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE 🗸 DISTRICT III 6. State Oil / Gas Lease No 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name STATE -AN-(FORM C-101) FOR SUCH PROPOSALS. GAS 1. Type of Well: WELL WELL OTHER 8 Well No. 2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. 9. Pool Name or Wildcat 3. Address of Operator PO BOX 3109, MIDLAND, TX 79702

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

PO BOX 3109, MIDLAND, TX 79702

4. Well Location

Unit Letter

O 990 Feet From The SOUTH Line and 2310 Feet From The EAST Line

Section 7 Township 18S Range 35E NMPM LEA COUNTY

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	_	PLUG AND ABANDON	 REMEDIAL WORK	<u>~</u>	ALTERING CASING		
TEMPORARILY ABANDON		CHANGE PLANS	 COMMENCE DRILLING OPERATION	_	PLUG AND ABANDONMENT	-	
PULL OR ALTER CASING	_		 CASING TEST AND CEMENT JOB		T TA CTATUC	_	
OTHER:			 OTHER:	QUES	T TA STATUS		<u>/</u>

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.

8-30-01: MIRU. NDWH. NUBOP.

11.

8-31-01: TIH W/BIT, CSG SCRAPER & TBG TO 8839'. TIH W/CIBP & PKR TO 3105.

9-04-01: SET CIBP @ 8750. CIRC HLE W/TRTD WTR. TEST TO 560 PSI & CHART FOR 30 MINS FOR NMOCD. (CHART ATTACHED)

9-05-01: NDBOP, NUWH, RIG DOWN.

VACUUM ABO REEF PERFS: 8800-8834.

WELL IS TEMPORARIILY ABANDONED.

This Approval of Temporary 9/26/06
Abandonment Expires

I hereby certify that the information above is true and complete to the bound my knowledge and belief.  SIGNATURE  SIGNAT	DATE 9/10/01
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 915-688-4752
(This space for State Use)  APPROVED	SEP 2 % 20th
Bonditions of approval, if any TITLE	DESoto-Nichols 12-93 ver 1 0