Submit 3 Copies to Appropriate District Office

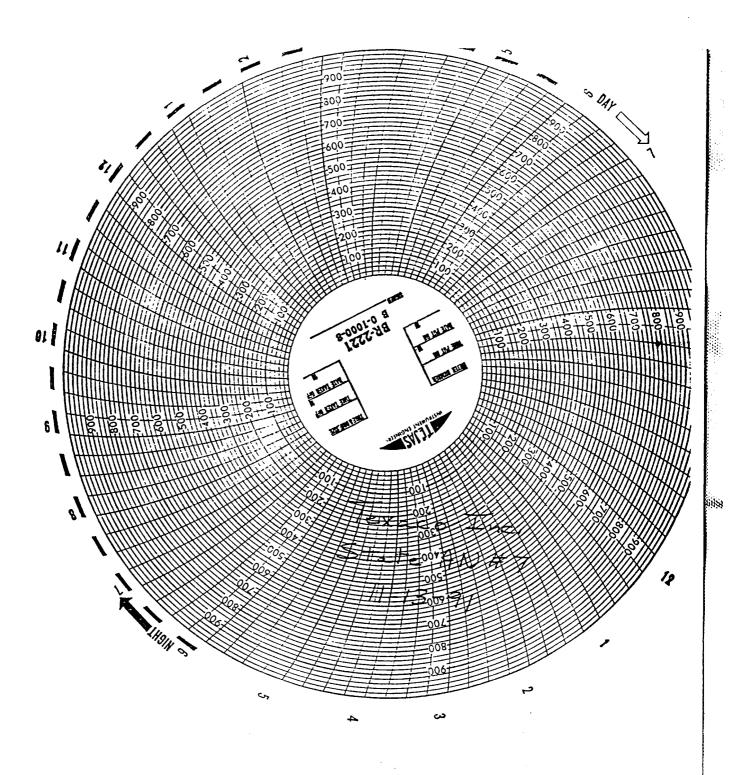
State of New Mexico Energ

Form C-103

linerals and Natural Resources Department

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATIO P.O. Box 208	
DISTRICT II Santa Fe, New Mexico P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E 7653
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	DR PLUG BACK TO A 7 Lease Name or Unit Agreement Name
1. Type of Well: Oil GAS WELL X WELL OTHER	
2. Name of Operator Texaco Exploration and Production Inc. 8. Well No. 7	
3. Address of Operator	9. Pool name or Wildcat Vacuum Abo Reef
P.O. Box 730 Hobbs, New Mexico 88240 Vacuum Abo Reef	
Unit Letter I : 2310 Feet From The South Line and 990 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:	
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER: Test Casing for TA
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.	
11-13-91 1. Conducted casing integrity test on the above well.	
 Tested 5 1/2" casing from CIBP @ 8650' to surface w/300# for 30 minutes. Held OK. 	
3. Request temporarily abandon well status through 11-21-96.	
(COPY OF CHART ON REVERSE SIDE)	
ORIGINAL CHART TAKEN TO MR. RAY SMITH OF THE NMOCD	
I hereby certify that the information above is true and complete to the best of my knowledge and	
SIGNATURE /// Linux	Engineer's Assistant DATE 11-21-91
TYPE OR PRINT NAME	TELEPHONE NO.
(This space for State Use)	
APPROVED BY TI	LE DATE
CONDITIONS OF APPROVAL, IF ANY:	This Approval of Temporary Abandonment Expires



state AN #7

N.

