State of New Mexico

to Appropriate District Office	F	jy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-8
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box Drawer DD, Artesia, NM 8824 DISTRICT III		P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-025-20053 5. Indicate Type of Lease STATE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No. B-1306-	.1
(DO NOT USE THIS FORM FOR PEDIFFERENT RES (FORM)	OPOSAL ERVOIR I C-101) I S	AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO USE "APPLICATION FOR PERMI FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Na NEW MEXICO R STATE NCT-1	
2. Name of Operator		OTHER TION & PRODUCTION INC.	8. Well No.	
3. Address of Operator PO BOX 3	09, MIDL	AND, TX 79702	Pool Name or Wildcat VACUUM YATES	
4. Well Location Unit Letter H Section 6	Town	Feet From The NORTH Line and 760 ship 18S Range 35E NN evation (Show whether DF, RKB, RT, GR, etc.) 3980' DF		ne UNTY
11. Check	Appropr	iate Box to Indicate Nature of Notice Report	or Other Data	

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	✓.	ALTERING CASING	
TEMPORARILY ABANDON	 CHANGE PLANS	COMMENCE DRILLING OPERATION		PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:	 	OTHER:	Т	A WELL	~

^{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.

7-25-01: MIRU. PRESS UP TO 500 PSi ON VALVE TO REL PRESSURE ON VALVE. 900# PSi ON 2 7/8". FLOW BACK 18 BO. KILL W/20 BBLS 10# BRINE. INSTALL BOP & TIH W/MILL ON WS TO 3161'. 7-26-01: BLEED OFF GAS & OIL RU WL & SET CIBP @ 3050', DISPL W/PKR FLUID. TEST CIBP TO 540# PSI. TEST, LEAK FR 540# TO 520# IN 30 MINS. RIG DOWN. CHART ATTACHED.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary
Abandonment Expires 8/21/06

hereby certify that the information above true an	d complete to the cest of my knowledge an	- d belief.				
hereby certify that the information above Arrus an	use Kake	TITLE	Engineering Assistant		DATE 8	/15/01
TYPE OR PRINT NAME	J. Denise Leake				Telephone No.	915-688-4752
(This space for State Use)						
APPROVED 88nditions of Approval if An	NY: TITLE			DAT	E	
					CeSoto/Nichois 1	2-93 uer 1 0

