

NEW MEXICO OIL CONSERVATION COMMISSION

|                        |  |
|------------------------|--|
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| LAND OFFICE            |  |
| OPERATOR               |  |

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| 1. Indicate Type of Lease    | State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 2. State Oil & Gas Lease No. | B-1258-1                                                               |

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR THE REPORT OF WELLS OR TO CANCEL OR REINSTATE A DIFFERENT RESERVOIR.  
USE APPLICATION FOR REINSTATEMENT OF WELLS C-101 FOR SUCH PROPOSALS.)

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                         |
| 2. Name of Operator<br>TEXACO Inc.                                                                                                       |
| 3. Address of Operator<br>P.O. Box 728 - Hobbs, New Mexico 88240                                                                         |
| 4. Location of Well<br>UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 18-S RANGE 34-E |

|                                                  |
|--------------------------------------------------|
| 5. Unit Agreement Name                           |
| 6. Form of Lease Name<br>New Mexico 'AE' State   |
| 7. Field and Pool, or Wildcat<br>Vacuum Abo Reef |

|                                                           |
|-----------------------------------------------------------|
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4004' GL |
|-----------------------------------------------------------|

|                  |
|------------------|
| 8. County<br>Lea |
|------------------|

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                       |                          |
|-----------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON   | <input type="checkbox"/> |
| PULL OR ALTER CASING  | <input type="checkbox"/> |
| OTHER                 | <input type="checkbox"/> |

|                  |                          |
|------------------|--------------------------|
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS     | <input type="checkbox"/> |

|                             |                                     |
|-----------------------------|-------------------------------------|
| REMEDIAL WORK               | <input type="checkbox"/>            |
| COMMENCE DRILLING OPER.     | <input type="checkbox"/>            |
| CASING TEST AND CEMENT JOBS | <input type="checkbox"/>            |
| OTHER                       | <input checked="" type="checkbox"/> |

|                      |                          |
|----------------------|--------------------------|
| ALTERING CASING      | <input type="checkbox"/> |
| PLUG AND ABANDONMENT | <input type="checkbox"/> |

Casing String identification

☒

17. 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.

1. Risers installed on all casing strings with valves above ground and labeled for future identification.

2. Inspection by N. E. Clegg.

| Casing strings: | Size    | Set At | Sxs. Cement Used |
|-----------------|---------|--------|------------------|
|                 | 11-3/4" | 336'   | 300              |
|                 | 8-5/8"  | 3277'  | 1650             |

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

SIGNED

TITLE

Asst. Dist. Supt.

DATE

3-25-76

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: