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Form G-102  
Supersedes Old  
G-101 and G-103  
Effective 1-1-65

# SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR A WELL WHICH IS BEING ABANDONED OR A DISPERSED PLANTING. USE MAPLE LEAF FOR SUCH CASES.)

|                                                                                   |                                                                                                                     |                                            |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL | 2. Name of Operator<br>TEWACO Inc.                                                                                  | 7. Unit Approval Code<br>1258-1            |
| 3. Address of Operator<br>P.O. Box 728 Hobbs, New Mexico 88240                    | 4. Location of Well<br>UNIT LETTER N 66° 19' 0" South DIST AND 1960<br>THE West SECTION 12 TOWNSHIP 18-S RANGE 34-E | 8. Field or Loc. or Name<br>Yacur Abo Reef |
| 5. Elevation (Show whether DS, RF, GR, etc.)<br>3988' RL                          | 6. 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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                 | ALTERING CASING <input type="checkbox"/>         |
| TEMPORARILY ABANDON <input type="checkbox"/>   | REPAIR PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPER. <input type="checkbox"/>                       | PLUG AND ABANDON CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CURRENT LOG <input type="checkbox"/>                   |                                                  |
|                                                |                                           | OTHER Casing String Identification <input checked="" type="checkbox"/> |                                                  |

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 1193.

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

2. Inspected by. N.E. Clegg

| 3. Casing Strings: | Size    | Set at | No. x/s Cmt used |
|--------------------|---------|--------|------------------|
|                    | 11 3/4" | 327'   | 450              |
|                    | 9 5/8"  | 3275'  | 1750             |

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

SIGNED [Signature] TITLE Assistant District Mgr. DATE 3-25-70  
APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL, IF ANY: