State of New Mexico

Form C-103

to Appropriate District Office E' 'y, Minerals and Natural Resources Departmer Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-23900 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATELX FEE L DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. -1479 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) State "26" 1. Type of Well: (previously South Vacuum Unit; WELL South Vacuum Unit "26" #2) WELL Dry 2. Name of Operator 8. Well No. Baytech, Inc. 2 3. Address of Operator 9. Pool name or Wildcat P.O. Box 10158, Midland, TX 79702 Wildcat 4. Well Location L : 1,980 Feet From The Line and 710 South West Feet From The Line 26 35-E Lea Section Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,877' GR 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** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. PLUGGED & ABANDONED (1-14-92) 1. CIBP w/35' cmt @ 11400' 2. CIBP w/35' cmt @ 7020' (top of Bone Spring) 3. CIBP w/35' cmt @ 5850' (top of Delaware) 4. 100' stub plug (50' in & 50' out) where 5-1/2" csg cut (tag plug) @ 4500' 5. 100' cmt plug across 8-5/8" shoe (50' in & 50' out) (tag plug) @ 1770' 6. Perf @ top Anhydrite (1777') & set cmt plug in & out 8-5/8" csq 7. 50' below surf shoe; perf & set plug across surf shoe 8. 10 sx surf plug NOTE: 10# brine mud w/25# gel/bbl I hereby certify that the information aboyt is true and complete to the best of my knowledge and belief. Operations Manager 1/17/92 TTTI P Ben A. Strickling, III TELEPHONE NO. 915/686-9801 TYPE OR PRINT NAME

(This space for State Use)

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CONDITIONS OF APPROVAL, IF ANY: