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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1189-1

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Agreement Name Vacuum Grayburg San Andres Unit
2. Name of Operator TEXACO Inc.	8. Name of Lease Name Vacuum Grayburg San Andres Unit
3. Address of Operator P. O. Box 726, Hobbs, New Mexico 88240	9. Well No. 17
4. Location of Well UNIT LETTER I 1400 FEET FROM THE South LINE AND 10 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 18-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat Vacuum Grayburg San Andres
15. Elevation (Show whether DF, RT, GR, etc.) NA	12. County Lea

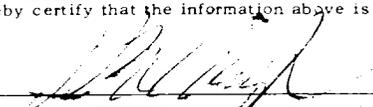
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Change Lease Name & Well No. <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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 1103.

Please Change the Lease Name & Well No. from
New Mexico "AC" State NCT-1 Well No. 16 to
Vacuum Grayburg San Andres Unit Well No. 17.

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 1-11-73

APPROVED BY Orig. Signed By Joe D. Ramey Dist. 1, Supv. TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: