State of New Mexico Submit 3 copies to Appropriate

State of New Mexico
Energ,, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u>		OIL CONSERV	ATIO	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-025-24361			
DISTRICT II					5. Indicate Ty		
P.O. Box Drawer DD, Artesia,	NM 882	Santa Fe, New	iviexico	0 0 / 304-2000	o. Midicate Ty		FEE 🔲
DISTRICT III					6. State Oil /	Gas Lease No.	**
1000 Rio Brazos Rd., Aztec,	NM 8741	0			J. J. L.	B-1733-1	
(DO NOT USE THIS FORM	FOR PRO	FICES AND REPORTS (POSALS TO DRILL OR TO RVOIR. USE "APPLICATIO C-101) FOR SUCH PROPO	DEEPEN N FOR P	OR PLUG BACK TO A		ie or Unit Agreement Name RAYBURG SAN ANDRES UI	NIT
1. Type of Well: OIL WELL	GAS WELI	OTHER WATE	R INJEC	TION WELL			
2. Name of Operator	EXACO EXI	PLORATION & PRODUCTI	ON INC.		8. Well No.	35	
3. Address of Operator 20	5 E. Bende	er, HOBBS, NM 88240			9. Pool Name VACU	or Wildcat JUM GRAYBURG SAN ANDRE	s
4. Well Location							
Unit Letter	G :	2630 Feet From The	NOR1	<u> H_Line and 1330 </u>	Feet From T	he <u>EAST</u> Line	
Section 1		Township 18S	R	ange 34E N	/PM	LEA COUNTY	
			DE DE	(B, RT,GR, etc.) 3988' DF			
		10. Elevation (Snow whet	ner DF, KK	3988' DF			
11.	Check A	ppropriate Box to Indi			t, or Other [Data	
NOTICE OF IN		ppropriate Box to Indi		ture of Notice, Repor		Data NT REPORT OF:	
NOTICE OF IN		ppropriate Box to Indi		ture of Notice, Repor			
NOTICE OF IN	TENTIC	ppropriate Box to India	cate Na	ture of Notice, Repor	JBSEQUE .⊠	NT REPORT OF:	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON	TENTIC	ppropriate Box to Indi N TO: PLUG AND ABANDON	cate Na	ture of Notice, Repor	JBSEQUE	NT REPORT OF: ALTERING CASING	
NOTICE OF IN	TENTIC	ppropriate Box to Indi N TO: PLUG AND ABANDON	cate Na	ture of Notice, Report SI REMEDIAL WORK COMMENCE DRILLING OP	JBSEQUE ERATION NT JOB TORRESS TO	NT REPORT OF: ALTERING CASING	

I hereby certify that the information above is t	tue and complete to the best of my k	nowledge and belief. TITLE Engineering Assistant	DATE 6/16/99
TYPE OR PRINT NAME	J. Denise Leal		Telephone No. 397-0405
GAF	L SIGNED BY BY WINK D REP. II	GARY W. WINK TITLE FIELD REPRESENTATIVE II	DATE 6-28-99
CONDITIONS OF APPROVAL, IF	ANY:		DeSoto/Nichols 12-93 ver 1.0

