Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Revised March 25, 1999 Energy, Minerals and Natural Resources Office District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-25121 OIL CONSERVATION DIVISION District II 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III STATE 🔀 FEE \square Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. District IV 2040 South Pacheco, Santa Fe, NM 87505 B-3936-1 7. Lease Name or Unit Agreement Name: 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 New Mexico 'AA' State NCT-4 PROPOSALS.) 1. Type of Well: Other Oil Well X Gas Well 8. Well No. 2. Name of Operator Texaco Exploration & Production 9. Pool name or Wildcat 3. Address of Operator Vacuum San Andres 500 N. Loraine Midland, Texas 79702 4. Well Location feet from the_ North line and 919 feet from the_ **NMPM** County Range Township **18**S Section 10 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4017' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON **ABANDONMENT** CASING TEST AND **MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION OTHER: Casing Integrity Test for TA Status 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 06-13-02 Tested casing to 530# for 30 minutes. Well is temporarily abandoned. Request "Temporarily Abandon" well status be extended. Original chart w/copy attached.

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

TITLE Regulatory Specialist _DATE. **SIGNATURE** Telephone No. 915-687-7355 Type or print name Laura Skinner

(This space for State use)

Conditions of approval, if any:

APPROVED BY_

CIUGINAL SIGNED BY GARY W WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

line

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