

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fed <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1258-1	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator TEXACO INC.		8. Farm or Lease Name NEW MEXICO "AE" STATE
3. Address of Operator P. B. BOX 728, HOBBS, NEW MEXICO 88240		9. Well No. 26
4. Location of Well UNIT LETTER <u>E</u> <u>2080</u> FEET FROM THE <u>NORTH</u> LINE AND <u>990</u> FEET FROM <u>WEST</u> LINE, SECTION <u>12</u> TOWNSHIP <u>18-S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat VACUUM ABO REEF
15. Elevation (Show whether DF, RT, GR, etc.) 3993' (GR)		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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>PERFORATE AND COMPLETE</u> <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 1103.

SEE ATTACHED SHEET

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

SIGNED J. Sexton TITLE ASST DIST MGR DATE 10-27-83

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 28 1983

CONDITIONS OF APPROVAL, IF ANY: