Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department	Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM	OIL CONSERVATION DIVISION P.O. Box 2088 WELL API NO. 30-025-30846		
DISTRICT II P.O. Drawer DD, Artesia, NA	Santa Fe, New Mexico 87504-2088	·	
DISTRICT III 1000 Rio Brazos Rd., Aztec,	γ····································	No.	
SUNI	DRY NOTICES AND REPORTS ON WELLS		
DIFFER	HENT RESERVOR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT	
i. Type of Well: Oil. WELL X	CAS OTHER		
2. Name of Operator TEXACO EXPLORA	TION AND PRODUCTION INC. 8. Well No. 146		
3. Address of Operator P. O. Box 3109	Midland, Texas 79702 9. Pool same or Wildcat		
4. Well Location	VACUUM GRAYBURG	3 SAN ANDRES	
Unit Letter B	: 1325 Feet From The NORTH Line and 1980 Feet From The	EAST Line	
Section 2	Township 18-SOUTH Range 34-EAST NMPM LEA	County	
	10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-4013'		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTIC	E OF INTENTION TO: SUBSEQUENT REPO	ORT OF:	
PERFORM REMEDIAL WO	ORK PLUG AND ABANDON REMEDIAL WORK ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. PLUG	AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB		
OTHER: EXTEND PERMI	IT EXPIRATION DATE X 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.			
DUE TO DRILLING PRIORITY AND BUDGET RESTRICTIONS, THIS WELL CANNOT BE SPUDDED BEFORE THE NOVEMBER 16, 1991 EXPIRATION DATE. WE PLAN TO DRILL THIS WELL IN THE FIRST PART OF 1992. PLEASE EXTEND THIS PERMIT FOR AN ADDITIONAL SIX (6) MONTHS.			
I harsby cartify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CP. ROSLAM CWH TITLE DRILLING OPERATIONS MANAGER DATE 10-29-91			
TYPE OR PRINT NAME C. P.	, BASHAM TE	ELEPHONE NO. 915-6884620	

- mle -

TYPE OR PRINT NAME C. P. BASHAM

(This space for State Use)

SITE A SUPERVISOR APTROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Expries 5-16-92