

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Add In 70

WELL API NO. 30-025-32016	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE
6. State Oil / Gas Lease No	B-1060
7. Lease Name or Unit Agreement Name NEW MEXICO 'M' STATE	
8. Well No.	9
9. Pool Name or Wildcat VACUUM BLINEBRY/VACUUM DRINKARD	

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

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter C : 660 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 1 Township 18S Range 34E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3994', KB-4008'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPERATION	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	ADD'L INFO <input checked="" type="checkbox"/>

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.

These are the actual percentage splits for the Vacuum Blinebry and Vacuum Drinkard

12-09-99: DHC ORDER #2491 TOTALS = 98 OIL, 70 WATER, 89 MCF

VACUUM BLINEBRY	OIL-41% =40	WATER-50% =35	MCF-21% =19
VACUUM DRINKARD	OIL-59% =58	WATER-50% =35	MCF-79% =70

* THE PLUG WAS PULLED ON 12-01-99, AND COMMINGLING OF THE TWO POOLS TOOK PLACE.

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

SIGNATURE *J. Denise Leake* TITLE Engineering Assistant DATE 5/4/01

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE DATE