

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 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

WELL API NO.

30-025-32016

5. Indicate Type of Lease

STATE ☒

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 Drinkard, Vacuum Blinebry

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 ☒ GAS WELL ☐ OTHER DHC SPLITS

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

DHC Splits ☒

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

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 12/20/99

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

ORIGINAL FILED BY CHRIS WILLIAMS

CONDITIONS OF APPROVAL IF ANY:

TITLE

COPIES TO: [illegible]

DATE