## State of New Mexico

Form C-103

| to Appropriate District Office                                                                                                        |                                                                                     | Energy, Minerals and                                                                                         | d Natural Res                        | sources Department                                             |                  | Revised 1                                                                      | -1-89 |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|------------------|--------------------------------------------------------------------------------|-------|
| DISTRICT I                                                                                                                            | (                                                                                   | OIL CONSER                                                                                                   | EVATIO                               | N DIVISION                                                     | WELL API NO.     | <del></del>                                                                    |       |
| P.O. Box 1980, Hobbs, NA                                                                                                              | 1 88240                                                                             |                                                                                                              | D. Box 2088                          |                                                                |                  | 30-025-32805                                                                   |       |
| DISTRICT II                                                                                                                           |                                                                                     | Santa Fe No                                                                                                  |                                      | 87504-2088                                                     | 5. Indicate Ty   | pe of Lease                                                                    |       |
| P.O. Box Drawer DD, Artes                                                                                                             | sia, NM 88210                                                                       | ,                                                                                                            |                                      |                                                                |                  |                                                                                |       |
| DISTRICT III  1000 Rio Brazos Rd., Azte                                                                                               | 6 NM 87410                                                                          |                                                                                                              |                                      |                                                                | 6. State Oil / 0 | Gas Lease No.<br>B-1113-1                                                      |       |
|                                                                                                                                       | INDRY NOTI                                                                          | CES AND REPORT                                                                                               | S ON WELL                            |                                                                |                  |                                                                                |       |
| (DO NOT LICE THIS EOF                                                                                                                 | M FOR PROPO                                                                         | OSALS TO DRILL OR<br>OIR. USE "APPLICA"                                                                      | TO DEEPEN                            | OR PLUG BACK TO A                                              |                  | e or Unit Agreement Name                                                       |       |
| DIFFE                                                                                                                                 | FORM C-                                                                             | 101) FOR SUCH PRO                                                                                            | POSALS.)                             |                                                                | CENTRAL W        | ACUUM UNIT                                                                     | İ     |
| 1. Type of Well: OIL                                                                                                                  | GAS                                                                                 | OTHER IN                                                                                                     | ECTION                               |                                                                | •                |                                                                                |       |
| WELL                                                                                                                                  | LJ WELL                                                                             | L OTHER MOZOMA                                                                                               |                                      |                                                                | 8. Well No.      |                                                                                |       |
| 2. Name of Operator                                                                                                                   | TEXACO EXPL                                                                         | ORATION & PRODUC                                                                                             | CTION INC.                           |                                                                | 200              |                                                                                |       |
| 3. Address of Operator 205 E. Bender, HOBBS, NM 88240                                                                                 |                                                                                     |                                                                                                              |                                      |                                                                |                  | or Wildcat<br>JUM GRAYBURG SAN ANDRES                                          |       |
| 4. Well Location                                                                                                                      |                                                                                     |                                                                                                              |                                      |                                                                |                  |                                                                                |       |
| Unit Letter                                                                                                                           | C :                                                                                 | 1236 Feet From                                                                                               | The NORT                             | H Line and 1875                                                | Feet From T      | he WEST Line                                                                   |       |
| i                                                                                                                                     |                                                                                     | Toumphin 18-S                                                                                                | F.                                   | ange <u>35-E</u> NI                                            | MPM              | LEA_ COUNTY                                                                    |       |
| Section 6                                                                                                                             |                                                                                     |                                                                                                              |                                      |                                                                |                  |                                                                                |       |
|                                                                                                                                       |                                                                                     |                                                                                                              |                                      | B, RT,GR, etc.) 3975' GR                                       |                  |                                                                                |       |
| 11.                                                                                                                                   | Check Ap                                                                            | propriate Box to Ir                                                                                          | idicate Nat                          | ure of Notice, Repo                                            |                  |                                                                                |       |
| NOTICE OF                                                                                                                             | INTENTIO                                                                            | N TO:                                                                                                        |                                      | S                                                              | UBSEQUE          | NT REPORT OF:                                                                  |       |
| PERFORM REMEDIAL WOF                                                                                                                  |                                                                                     | PLUG AND ABANDON                                                                                             |                                      | REMEDIAL WORK                                                  | $\boxtimes$      | ALTERING CASING                                                                |       |
| TEMPORARILY ABANDON                                                                                                                   |                                                                                     | CHANGE PLANS                                                                                                 |                                      | COMMENCE DRILLING OF                                           | ==               | PLUG AND ABANDONMENT                                                           |       |
| PULL OR ALTER CASING                                                                                                                  | Ī                                                                                   |                                                                                                              | _                                    | CASING TEST AND CEMI                                           | ENT JOB          |                                                                                |       |
| OTHER:                                                                                                                                |                                                                                     |                                                                                                              | 🗆                                    | OTHER:                                                         |                  |                                                                                | _ 🗵   |
| any proposed work) \$ 12-10-97: MIRU. NDWH 12-11-97: REL PKR. CHN 12-12-97: TIH TO 4235' 1 12-15-97: TIH W/PKR @ FRAC TANK. RECVD 105 | NU BOP. IG OUT RAM TO O 4453'. C/O F SET @ 4186'. S BLW. RECVD 150 BL DT PLUG & PKF | O 2 7/8". TIH W/BIT &<br>R 4453-4750'. CIRC C<br>TEST CSG TO 500#. (<br>.W. REL PKR.<br>R SET @ 4172'. REL C | DC'S.<br>LN. PULL BIT<br>DK. A/PERFS | F TO 4235'.<br>4253-4661' W/10,000 GA<br>, CIRC 130 BBLS PKR F | ALS 15% NEFE     | uding estimated date of start & RK SLT. WELL FLOWED T . NU CO2 WH. TEST CSG TO | -o    |
|                                                                                                                                       |                                                                                     |                                                                                                              |                                      |                                                                |                  |                                                                                |       |
| I hereby certify that the information SIGNATURE                                                                                       | above is true and compl                                                             |                                                                                                              | ITLE Engi                            | neering Assistant                                              |                  | DATE1/16/98                                                                    |       |
|                                                                                                                                       | J .1                                                                                | Denise Leake                                                                                                 |                                      |                                                                |                  | Telephone No. 397-040                                                          | 5     |
| TYPE OR PRINT NAME                                                                                                                    |                                                                                     | I SIGNED BY                                                                                                  |                                      |                                                                |                  |                                                                                |       |

GARY WINK

\_TITLE\_

\_DATE\_