

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.

30-025-33428

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil / Gas Lease No.

B-1306

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

7. Lease Name or Unit Agreement Name

NEW MEXICO R STATE NCT-1

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

8. Well No.
18

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat
VACUUM BLINEBRY

4. Well Location

Unit Letter H : 1870 Feet From The NORTH Line and 890 Feet From The EAST Line

Section 6 Township 18-S Range 35-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3974' GR

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: ☐ Casing Integrity test for TA status ☐

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.

10/6/97

1. Notified NMOCD. TOH w/ production equipment.

2. Set CIBP @ 6600'

3. TIH w/ open-ended tbg and circulated hole w/ inhibited fluid & tested as per NMOCD guidelines to 500# for 30-mins, Held OK.

4. TOH w/tbg. Request temporarily abandon well status through 10/6/2002.

(Original chart attached, copy of chart on back)

(NEW TEPI INTERNAL STATUS: TR-O)

This Approval of Temporary
Abandonment Expires 10-23-2002

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

SIGNATURE Bobby G. McCurry TITLE Engineering Assistant

DATE 10/10/97

TYPE OR PRINT NAME Bobby G. McCurry

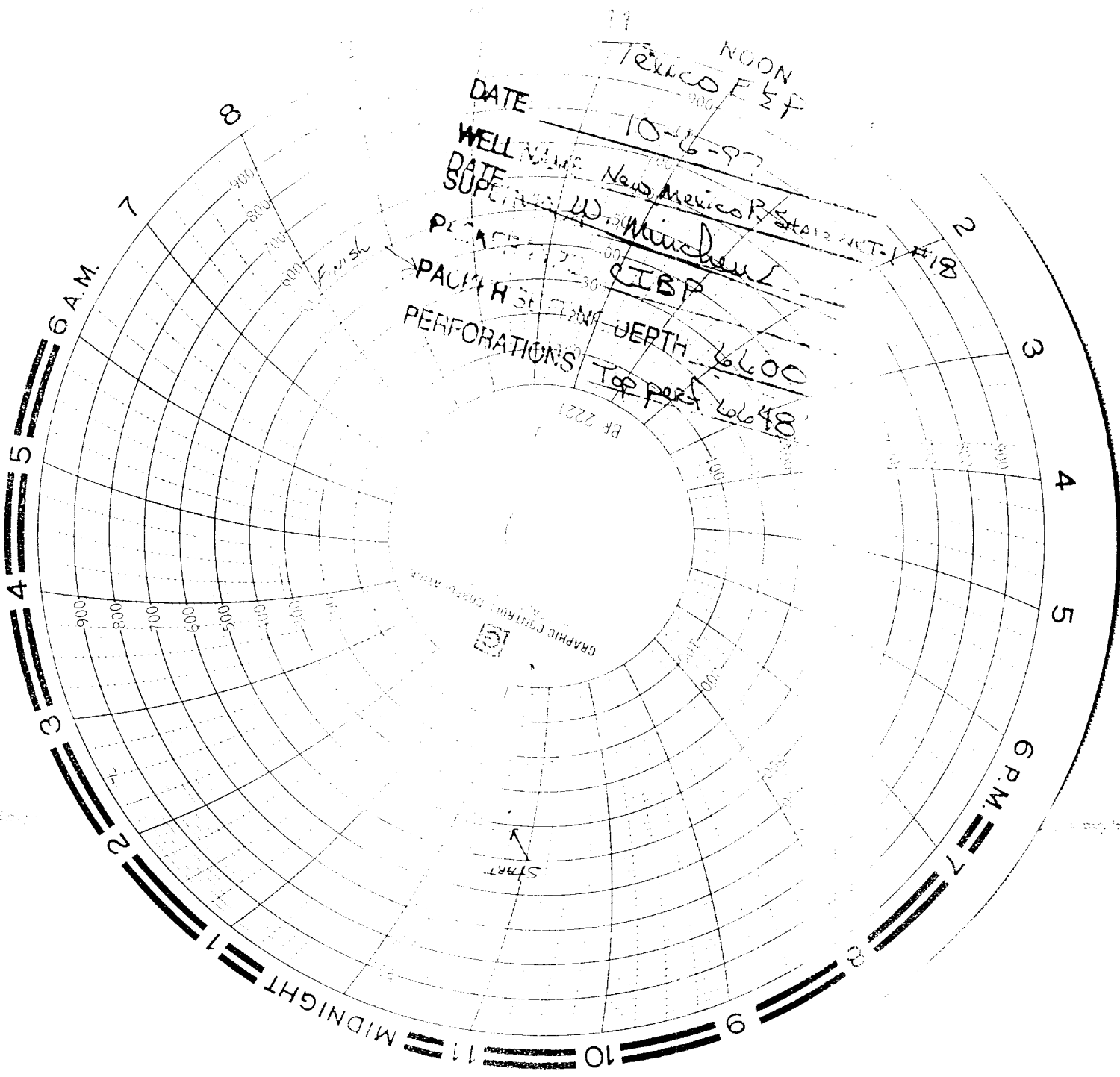
Telephone No. 397-0446

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:



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