Submit 3 copies

(This space for State Use) APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Form C-103

District Office	Energy erals and Na	tural Resources Department		Revised 1-1-89
DISTRICT I	OIL CONSERV	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240		ox 2088	3002502186	
DISTRICT II	Santa Fe New I	Mexico 87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 8821 DISTRICT III	,		STATE	FEE _
1000 Rio Brazos Rd., Aztec, NM 87410	0		6. State Oil / Gas Lease No. 85815	io I
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 Agreeme WEST VACUUM UNIT	nt Name
1. Type of Well: OIL GAS WELL WELL	[S]	120.)		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC			8. Well No. 17	
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat VACUUM GRAYBURG SA	AN ANDRES
4. Well Location	4000	NORTH Character Con	5 15 TI 510T	
Unit LetterH:		NORTH Line and 660	Feet From The EAST	_Line
Section 33 Township 17S Range 34E NMPM LEA COUNTY				
	10. Elevation (Show whethe	r DF, RKB, RT,GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTIO	N TO:	SU	IBSEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASIN	G 🔲
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT				
PULL OR ALTER CASING				
OTHER: Temporary aba	andon extension	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.				
1) Notify OCD 24 hours prior to commencing work.				
2) Move in and rig up pulling unit.				
3) TIH with 2 7/8" workstring and 5 ½" Pkr.				
4) Check casing's integrity. In case of failure take proper action.				
5) Circulate hole with inhibited fluid and chart as per NMOCD guidelines, 500# for 30 min.				
6) Request temporary abandoned extension to 9/1/2001.				
1 1				
I hereby certify that the information above is true and comple	ete to the best of my knowledge and belief.			
SIGNATURE	TITLE_	Prod. Engineer	DATE <u>S</u>	<u> 27. 14,98 </u>
TYPE OR PRINT NAME M.	Siamak Safargar		Telephone No.	397-0429

_DATE

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