State of New Mexico

Enerc:

Form C-103

erals and Natural Resources Department Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 30 025 02209 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Box Drawer DD, Artesia, NM 88210 STATE 🔯 FEE [DISTRICT III State Oil / Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 858150 SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT WEST VACUUM UNIT (FORM C-101) FOR SUCH PROPOSALS.) OII 1. Type of Well: \boxtimes WELL **OTHER** 2. Name of Operator 8. Well No. **TEXACO EXPLORATION & PRODUCTION INC** 26 3. Address of Operator 9. Pool Name or Wildcat 205 E. Bender, HOBBS, NM 88240 VACUUM GRAYBURG SAN ANDRES 4. Well Location Feet From The 1480 Line and S Feet From The (a) Section 34 Range 34E Township 17S NMPM LEA COUNTY 10. Elevation (Show whether DF, RKB, RT,GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT **TEMPORARILY ABANDON** \boxtimes CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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) TOH with production equipment, tubing, rods and pump. 4) TIH with 2 7/8" workstring, 5 1/2" CIBP. Set the plug +/- 4100'. 5) Spot 30' of cement above the CIBP. 6) TIH with 2 7/8" workstring and 5 1/2" Pkr.

I hereby certify that the infermation above is true and complete to the best of my knowledge and belief.	Sep 14 98
SIGNATURE TITLE Prod. Engineer	DATE OF. 1, 10
TYPE OR PRINT NAME M. Siamak Safargar	Telephone No. 397-0429
(This space for State Use) ORIGINAL SKILL SUPERVISOR DISTRICT I SUPERVISOR TITLE	
APPROVED BY DIS. AICH TITLE TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

7) Check casing's integrity. Circulate hole with inhibited fluid and chart as per NMOCD guidelines, 500# for 30 min.

8) Request temporary abandoned to 9/1/2003.

DeSoto/Nichols 12-93 ver 1.0