

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.	30-025-02951
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B- 1722
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	10
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Horizontal <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 30 Township 17S Range 35E NMPM LEA COUNTY 10 Elevation (Show whether DF, RKB, RT,GR, etc.) 3992' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPERATION	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: AMENDMENT FOR SURFACE HOLE LOCATION	<input checked="" type="checkbox"/>

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.

THIS REPORT IS TO AMEND THE SURFACE HOLE LOCATION OF THE SUBJECT HORIZONTAL BACK TO ITS ORIGINAL FOOTAGE.

AN AERIAL SURVEY WAS PERFORMED BY ONE OF OUR GEOLOGISTS, AND FOOTAGE WAS REPORTED INCORRECTLY.

A CORRECTED C-102 HAS ALSO BEEN TURNED IN TO THE NMOCD.

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 1/22/01

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED J. Denise Leake DISTRICT SUPERVISOR TITLE Engineering Assistant DATE 1/22/01

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

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