

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-08545
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1501
7. Lease Name or Unit Agreement Name: Central Vacuum Unit
8. Well No. 33
9. Pool name or Wildcat Vacuum Grayburg San Andres
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3989' DF

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Texaco Exploration & Production

3. Address of Operator
500 N. Loraine Midland, Texas 79702

4. Well Location
Unit Letter **O** : **660** feet from the **South** line and **1980** feet from the **East** line
Section **30** Township **17S** Range **35E** NMPM County **Lea**

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06-20-02

Tested casing to 550# for 30 minutes. Well is temporarily abandoned.

Request "Temporarily Abandon" well status be extended.

Original chart w/copy attached.

This Approval of Temporary
Abandonment Expires 7/29/03

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

SIGNATURE Laura Skinner TITLE Regulatory Specialist DATE 06-28-02

Type or print name Laura Skinner Telephone No. 915-687-7355

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER