Energy Minerals and Natural Resources Na	Submit 3 Copies To Appropriate District	State of New M	exico		Form C-103	
OIL CONSERVATION DIVISION 1220 South St. Francis Dr. South St. Francis D				Revised March 25, 1999		
SIL COLIFICATION TO: Santa Fe, NM 87505 SINDRY NOTICES AND REPORTS ON WELLS (OD NOT USE THIS ROMATION FOR PERMIT' (FORM C-101) FOR SUCH DIFFERNIT RESERVOIR. USE "APPLICATION FOR PERMIT' (FORM C-101) FOR SUCH OIL Well	1625 N. French Dr., Hobbs, NM 88240					
Santa Fe, NM 87505 Santa F	811 South First, Artesia, NM 88210	131, ALICSIA, 14141 002 10				
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DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well 2. Name of Operator Texaco Exploration & Production, Inc. 3. Address of Operator P. O. Box 3109, Midland, TX 79702 4. Well Location Unit Letter H		7. Lease Name or Unit Agreement Name:				
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2. Name of Operator Texaco Exploration & Production, Inc. 25 3. Address of Operator P. O. Box 3109, Midland, TX 79702 4. Well Location Unit Letter H : 1965 feet from the FNL line and 865 feet from the FEL line Section 25 Township 17S Range 34E NMPM Lea County 10. Elevation (Show whether DR, RKE, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF: REMEDIAL WORK ATTERING CASING COMMENCE DRILLING OPNS PLUG AND ABANDONMENT COMMENCE DRILLING OPNS PLUG AND ABANDONMENT CEMENT JOB 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 1. Unable to set 2 7/8" CIBP top of junk @ 5339' spot 65 Sx plug 5339'-2800' (Glorieta) Tag Cmt @ 2820' 2. Perf 6 holes @ 2800', Sqz 50 Sx 2800'-2600' (Yates, B-Salt) Tag @ 2405' 3. Perf 6 holes @ 1700' unable to Sqz spot 25 Sx plug 1765'-1500' 4. Fill 2 7/8" Csg w/15 Sx 570 to Surf 5. Install dry hole marker. 8/23/01 Thereby certify that the information above is true and complete to the best of my knowledge and belief.				West Unit		
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SIGNATURE TITLE MANAGER DATE 8-23-01	SIGNATURE /	TITLE	MANAGER		DATE 8-23-01	
Type or print name Jimmy BAGLEY Telephone No. 915 683 4996	Type or print name Jimmy	BAGLEY)		Telepl	hone No. 915 683 4996	
(This space for State use)	(This space for State use)				g sa te	
APPPROVED BY JUNEAU KOLLINSON TITLE DATE			_DATE			
Conditions of approval, if any:	Conditions of approval, if any:					
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