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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DeSoto/Nichols 12-93 ver 1.0

| OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2088 DISTINCI III. 1000 Rib Braver DD, Artasia, NM 82210 Santa Fe, New Mexico 87504-2088 Santa Fe, New Mexico 87504-2088 Sindocard Type of Lease Sindocard Type of | DISTRICT L   |                                      |                                |            | .,                         |                | Revi                        | ised 1-1-89 |
|--|--|--------------------------------------|--------------------------------|------------|----------------------------|----------------|-----------------------------|-------------|
| PO. Box 2088  7. D. Box 2088  Sonta Fe, New Mexico 87504-2088  Sonta Fe, New Mexico 97504-2088  Son | DISTRICT I   | OI                                   | L CONSER                       | VATI       | ON DIVISION                | WELL APIN      | <del></del>                 |             |
| Solution   State   State   Fee   | 1.0. BOX 1980, HODDS, NW 88240                       |                                      |                                |            |                            |                |                             |             |
| DISTRICT   FEE   1000 Rise Braros Rd. Aztec, NM 87410   5. State Oil / Gar Lasse Nb. 8-1520   1000 Rise Braros Rd. Aztec, NM 87410   5. State Oil / Gar Lasse Nb. 8-1520   1000 Rise Braros Rd. PROPOSALS TO BRILL OR TO DESPEN ON PLUG BACK TO A CUEFFERN RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR DULL OF TO DESPEN ON PLUG BACK TO A CUEFFERN RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR DULL OF RODE PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT RESERVOIR. USE "APPLICATION FOR PERMIT"   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT AGREEMENT NAME (FORM—C10) FOR PERMIT   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT AGREEMENT NAME (FORM—C10) FOR PERMIT NAME   7. Lasse Name of Unit Agreement Name (FORM—C10) FOR UNIT AGREEMENT NAME (FORM—C10) FOR PERMIT NAME (FORM—C10) FOR NAME (FORM—C10 |  | esia. NM 88210                       | Santa Fe, Nev                  | w Mexic    | o 87504-2088               | 5. Indicate    |                             |             |
| SUNDRY NOTICES AND REPORTS ON WELL   SUNDRY NOTICES AND REPORTS ON WELL   THIS FORM FOR PROPOSCALS TO DRILL OR TO DEFERNO PILUG BACK TO A DEFERENCE FOR THE PROPERCY OF THE PROPERCY OF THE SERVING USE "APPLICATION FOR PERMIT"   Type of Walt  |  |                                      |                                |            |                            |                | STATE [                     | FEE 🔲       |
| (DO NOT USE THIS FORWARD PROPUES AND REPORTS ON WELLOW CEFFERNINT PROPUES AND REPORTS ON WELLOW CEFFERNINT RESERVOIR. 1985 APPLICATION OF PERMITT (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well:  1. Well Constitute  1. Type of Well:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  1. NOTICE OF INTENTION TO:  1. SUBSEQUENT REPORT OF:  1. SUBSEQUENT REPORT OF:  1. SUBSEQUENT REPORT OF:  1. SUBSEQUENT REPORT OF:  1. PERFORM REMEDIAL YORK  1. PUG AND ABANDON  1. CHANGE PLANS  1. COMMENCE BRILLING OPERATION   PLIG AND ABANDON   PL | 1000 Rio Brazos Rd., Azte                            | ec, NM 87410                         |                                |            |                            | 6. State Oil   |                             |             |
| 1. Type of Well:   Oil:   Oi   | SUNDRY NOTICES AND REPORTS ON WELL                   |                                      |                                |            |                            |                | B-1320                      |             |
| Type of Watt   OL   GAS   OTHER  | I L'IFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" |                                      |                                |            |                            |                |                             | •           |
| WELL   OTHER   |  | (FORM C-101)                         | FOR SUCH PROPO                 | SALS.)     |                            | VACUUM G       | SLORIETA WEST UNIT          |             |
| TEXACO EXPLORATION & PRODUCTION INC.  3. Pool Name or Wildcat  205 E. Bender, HOBBS, NM 88240  3. Pool Name or Wildcat  4. Well Location  Unit Lettle: C   | WELL   |                                      | OTHER                          |            |                            |                |                             |             |
| 4. Well Location Unit Letter: C 660 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 25 Township 175 Range 34E NMPM LEA COUNTY  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPERATION PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPERATION PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPERATION PROCESSING COMMENCE DRILLING OPERATION CASING TEST AND CEMENT JOB COMENCE DRILLING OPERATION CASING TEST AND CEMENT JOB COMMENCE DRILLING OPERATION CASING TEST AND CEMENT JOB COMMENCE DRILLING TEST  |  | TEXACO EXPLORATION & PRODUCTION INC. |                                |            |                            |                | 13                          |             |
| Unit Letter C 660 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 26 Township 175 Range 34E NMPM LEA COUNTY    10 Elevation (Show whether DF, RKB, RT,GR, etc.) 4011' DF     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   COMMENCE DRILLING OPERATION   PLUG AND ABANDONN   COMMENCE DRILLING OPERATION   PLUG AND ABANDONN   COMMENCE DRILLING OPERATION   PLUG AND ABANDONNENT   CASING TEST AND CEMENT JOB   OTHER: MECHANICAL INTEGRITY TEST   STORY TO THERE MECHANICAL INTEGRITY TEST   STORY TO THE MECHANICA | 3. Address of Operator                               | 205 E. Bender, HO                    | 9. Pool Name                   |            | <u>-</u> -                 |                |                             |             |
| Section 25 Township 17S Range 34E NMPM LEA COUNTY    10. Elevation (Show whether DF, RKB, RT.GR. etc.) 4011' DF  | 4. Well Location                                     |                                      |                                |            |                            | L              | VACUUM GLORIETA             |             |
| Section 25 Township 17S Range 34E NMPM LEA COUNTY    10. Elevation (Show whether DF, RKB, RT.GR. etc.) 4011' DF  | Unit Letter  | C : 660                              | Feet From The                  | e NOR      | TH_Line and 2310           | Feet From      | The WEST Line               |             |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPERATION   PLUG AND ABANDONMENT   CASING TEST AND CEMENT JOB   OTHER:  OTHER:   OTHER: MECHANICAL INTEGRITY TEST   OTHER: MECHANICAL IN | Section <u>25</u>                                    | Tow                                  | nship 17S                      | F          | Range 34E NM               |                |                             | <i>(</i>    |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   COMMENCE DRILLING OPERATION   PLUG AND ABANDONMENT   CASING TEST AND CEMENT JOB   OTHER:  OTHER:   OTHER: MECHANICAL INTEGRITY TEST   OTHER: MECHANICAL IN |  | 10.                                  | Elevation (Show whet           | her DF, RI | (B, RT,GR, etc.) 4011 DF   |                |                             |             |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL V/ORK  | 11.  |                                      |                                |            |                            | or Other       | Deta                        |             |
| PERFORM REMEDIAL V/ORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPERATION ALTERING CASING COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT CASING TEXPORABILLY ABANDON CHANGE PLANS COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: MECHANICAL INTEGRITY TEST OF SOME FOR 30 MIN. HELD OK.  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.  13. NOTIFIED NMOCD. SET CIBP © 5961". TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  1. NOTIFIED NMOCD. SET CIBP © 5961". TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  1. NOTIFIED NMOCD. SET CIBP © 5961". TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  1. NOTIFIED NMOCD. SET CIBP © 5961". TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  1. NOTIFIED NMOCD. SET CIBP © 5061". TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  1. SEGMENT OF THE STATUS FROM SHUT-IN TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  1. SEGMENT OF THE STATUS FROM SHUT-IN TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  1. SEGMENT OF THE STATUS FROM SHUT-IN TESTED CSG FROM SURFACE TO | NOTICE OF  | INTENTION TO                         | ٦٠                             | outo Mu    | Í                          |                |                             |             |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT PULL OR ALTER CASING COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB COMMENCE ORILLING OPERATION DESCRIPTION OF THE MECHANICAL INTEGRITY TEST OF TH |  |                                      |                                |            | 1                          |                |                             |             |
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| OTHER:  OTHER:  OTHER:  MECHANICAL INTEGRITY TEST   |  | _                                    | OL I LANG                      | ü          | !                          |                | PLUG AND ABANDONMEN         | т 🗆         |
| 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.  9-08-98:  1. NOTIFIED NMOCD. SET CIBP @ 5961'. TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  1. Therefor certify that the following in true and combination player is true and combinate. Title Engineering Assistant  DATE 9/22/98  TYPE OR PRINT NAME  J. Denise Leake  Telephone No. 397-0405  This space for State that  APPROVED BY  TITLE   |  | u                                    |                                | П          | i                          |                | W.T.Co.                     |             |
| 9-08-98:  1. NOTIFIED NMOCD. SET CIBP @ 5961*. TESTED CSG FROM SURFACE TO CIBP AS PER NMOCD GUIDELINES TO 500# FOR 30 MIN. HELD OK.  2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  The websy certify that the follownation page is true and complished of my knowledge and belief.  SIGNATURE   | 12   |                                      |                                |            | L                          |                |                             |             |
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| 2. CHANGE STATUS FROM SHUT-IN TO ASD EFFECTIVE 9-8-98.  (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  I hereby certify that thy information player is true and completator, file best of myknowledge and ballet.  SIGNATURE  J. Denise Leake  TITLE Engineering Assistant  DATE 9/22/98  TYPE OR PRINT NAME  J. Denise Leake  Telephone No. 397-0405  This space for State Usel  APPROVED BY  TITLE   |  |                                      |                                |            |                            |                |                             |             |
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| (ORIGINAL CHART ATTACHED & COPY OF CHART ON BACK)  Thereby certify that the forbromation phase is true and complete to flip best of myknowledge and belief.  SIGNATURE TITLE Engineering Assistant  DATE 9/22/98  TYPE OR PRINT NAME  J. Denise Leake  Telephone No. 397-0405  Thus space for State Usell  APPROVED BY  TITLE  | 2. CHANGE STATUS FRO                                 | M SHUT-IN TO ASC                     | ) FFFECTIVE 0 0 00             |            |                            | OOIDEEINE      | 5 10 300# FOR 30 MIM. H     | ELD OK.     |
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| This space for State Use)  APPROVED BY   | TYPE OR PRINT NAME                                   | .I Denice                            |                                |            |                            | 1              | DATE9/22/98                 |             |
| APPROVED BYTITLE   | Z GITTIMAT TAMINE                                    | J. Dellise                           | LEANE                          |            |                            |                | Telephone No. 397-040       | 5           |
| TITLE  | (This space for State Use)                           |                                      |                                |            |                            |                |                             |             |
|  | APPROVED BY  |                                      | TITLE                          |            |                            |                |                             |             |

