Form C-103

| Submit 3 copies Submit 3 copies | State of New Mexico | | | |
|--|---|--|--|--|
| | Energy, Minerals and Natural Resources Department | | | |
| DISTRICT I | OIL CONSERVATION DIVISIO | | | |

| District Office | | | | | Re | vised I-I-os | |
|---|---------------------------------|--------------------------------------|---|--|---|---------------------------------------|--|
| DISTRICT I | | OIL CONSER | VATION DIVISION | WELL API NO. | | | |
| P.O. Box 1980, Hobbs, NM | 88240 | P.O | Box 2088 | | 3002523835 | | |
| DISTRICT II | Santa Fe, New Mexico 87504-2088 | | | 5. Indicate Type of Lease | | | |
| P.O. Box Drawer DD, Artesia, Nivi 66210 | | | | | STATE 📝 | FEE | |
| DISTRICT III 1000 Rio Brazos Rd., Azteo | NM 87410 | | | 6. State Oil / G | | | |
| | | ICES AND REPORTS | ONWELLS | | 857947 | | |
| 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 PERMI (FORM C-101) FOR SUCH PROPOSALS. | | | | | 7. Lease Name or Unit Agreement Name NORTH VACUUM ABO WEST UNIT | | |
| Type of Well: OIL WELL | GAS WELL | | | | | | |
| Name of Operator TEXACO EXPLORATION & PRODUCTION INC. | | | | 8. Well No. | 8. Well No. 17 | | |
| 3. Address of Operator PO BOX 3109, MIDLAND, TX 79702 | | | | Pool Name or Wildcat VACUUM ABO, NORTH | | | |
| 4. Well Location | na na amin'ny fari | | | | | | |
| Unit Letter | <u>H</u> : | _1852 Feet From Ti | ne NORTH Line and 554 | _ Feet From T | he EAST Line | | |
| | | | Range 34E N | MPM | LEA_COUN | ΓY | |
| | | 10. Elevation (Show wheth | er DF, RKB, RT.GR, etc.) | | | | |
| 11. | Check Ap | propriate Box to Indi | cate Nature of Notice, Report | t, or Other D | ata | - 24-24 - 1- 11-11-11-1 | |
| NOTICE OF | INTENTIO | N TO | S | UBSFQUFI | NT REPORT OF: | | |
| PERFORM REMEDIAL WO | | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING | | |
| TEMPORARILY ABANDON | | CHANGE PLANS | COMMENCE DRILLING OF | | PLUG AND ABANDONME | NT = | |
| PULL OR ALTER CASING | | | CASING TEST AND CEME | _ | | | |
| OTHER: | | | OTHER: | | CASING | $\overline{\mathbf{v}}$ | |
| | | | | | | | |
| Describe Proposed or proposed work) SEE R | | rations (Clearly state all p | pertinent details, and give pertinent o | dates, including | estimated date of starting | g any | |
| 7-17-01: NOTIFY NMOCI | D. TEST CSG | TO 540 PSI. CHART AT | rached. | | | | |
| 5 1/2" PKR SET @ 8617' | | | | | | | |
| PERFS: 8723-8874 | | | | | | | |
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| |) | | | | | | |
| I hereby certify that the information above | e is the and complete to | the best of my knowledge and belief. | | | | | |
| SIGNATURE | HIMIS | Cake ITIE | Engineering Assistant | | DATE 9/12/01 | | |
| | 12/5/3 | <i>y</i> 1 1 1 1 1 1 1 1 1 1 | · · · · · · · · · · · · · · · · · · · | · · | | 588-4752 | |
| TYPE OR PRINT NAME | J. [| Denise Leake | | | . 3.35.1010 110. 3101 | | |
| (This space for State Use) | | | | | | | |
| APPROVED | | | £ 400 - 200 - 300 | | SFP 27 | 20 71 | |
| Bonditions of Approva | L. JE ANY: | TITLE | | DATE_ | DeSoto/Nichols 12-93 ver 1.0 | i i i i i i i i i i i i i i i i i i i | |
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