State of New Mexico

Energy

(This space for State Use) PRICINAL SIGNED BY CHAIS WILLIAMS APPROVED BY TITLE

CONDITIONS OF APPROVAL, IF ANY:

erals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Revised 1-1-8
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box 2088	3002525085
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III	STATE FEE 6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	858150
SUNDRY NOTICES AND REPORTS ON WELL (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.)	7. Lease Name or Unit Agreement Name WEST VACUUM UNIT
1. Type of Well: OIL GAS WELL OTHER	WEST WASSINGTH
Name of Operator TEXACO EXPLORATION & PRODUCTION INC	8. Well No. 51
3. Address of Operator 205 E. Bender, HOBBS, NM 88240	9. Pool Name or Wildcat
4. Well Location	VACUUM GRAYBURG SAN ANDRES
Unit Letter : 1360 Feet From The SOUTH Line and 150	_ Feet From The _ EASTLine
Section <u>33</u> Township <u>17S</u> Range <u>34E</u> NM	PM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	IBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPE	RATION PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMEN	T JOB
OTHER: UTHER:	
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.	
1) Notify OCD 24 hours prior to commencing work.	
2) Move in and rig up pulling unit.	
3) TOH with production equipment, tubing, cable and pump.	
4) TIH with 2 7/8" workstring, 5 1/2" CIBP. Set the plug +/- 4400'.	
5) Spot 30' of cement above the CIBP.	
6) TIH with 2 7/8" workstring and 5 1/2" Pkr.	
7) Check casing's integrity. Circulate hole with inhibited fluid and chart as per NMOCD guidelines, 500# for 3	30 min.
8) Request temporary abandoned to 9/1/2003.	
I hereby certify that the information above a true and complete to the best of my knowledge and belief. SIGNATURE TITLE Prod. Engineer	10P 111 98
	DATE (161, 141, 10
TYPE OR PRINT NAME / M. Siamak Safargar	Telephone No. 397-0429

