Submit 3 copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002527133
5. Indicate Type of Lease STATE ✓ FEE
6. State Oil / Gas Lease No. 858150

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: WEST VACUUM UNIT

1. Type of Well: OIL WELL ✓ GAS WELL OTHER

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

8. Well No. 54

3. Address of Operator: PO BOX 3109, MIDLAND, TX 79702

9. Pool Name or Wildcat: VACUUM GRAYBURG SAN ANDRES

4. Well Location
Unit Letter L : 2130 Feet From The SOUTH Line and 810 Feet From The WEST Line
Section 33 Township 17S Range 34E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

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
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPERATION	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: REQUEST 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.

8-28-01: NOTIFY NMOCD. MIRU KEY. NDWH. NUBOP. TIH W/BIT & CSG. TAG @ 4451'. PULL BIT TO 4420.
8-29-01: TIH W/PKR TO 4420. SET PKR @ 4420. TEST CIBP TO 1000 PSI-OK. REL PKR. CIRC W/TRTD WTR. TEST TO 555 PSI. CHART FOR 30 MINS-OK. CIBP SET @ 3353'. PERFS: 4519-4672'.
8-30-01: NDBOP. INSTL WH. RIG DOWN.

WELL IS TEMPORARILY ABANDONED.

This Approval of Temporary Abandonment Expires 9/26/06

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 9/4/01

TYPE OR PRINT NAME J. Denise Leake Telephone No. 915-688-4752

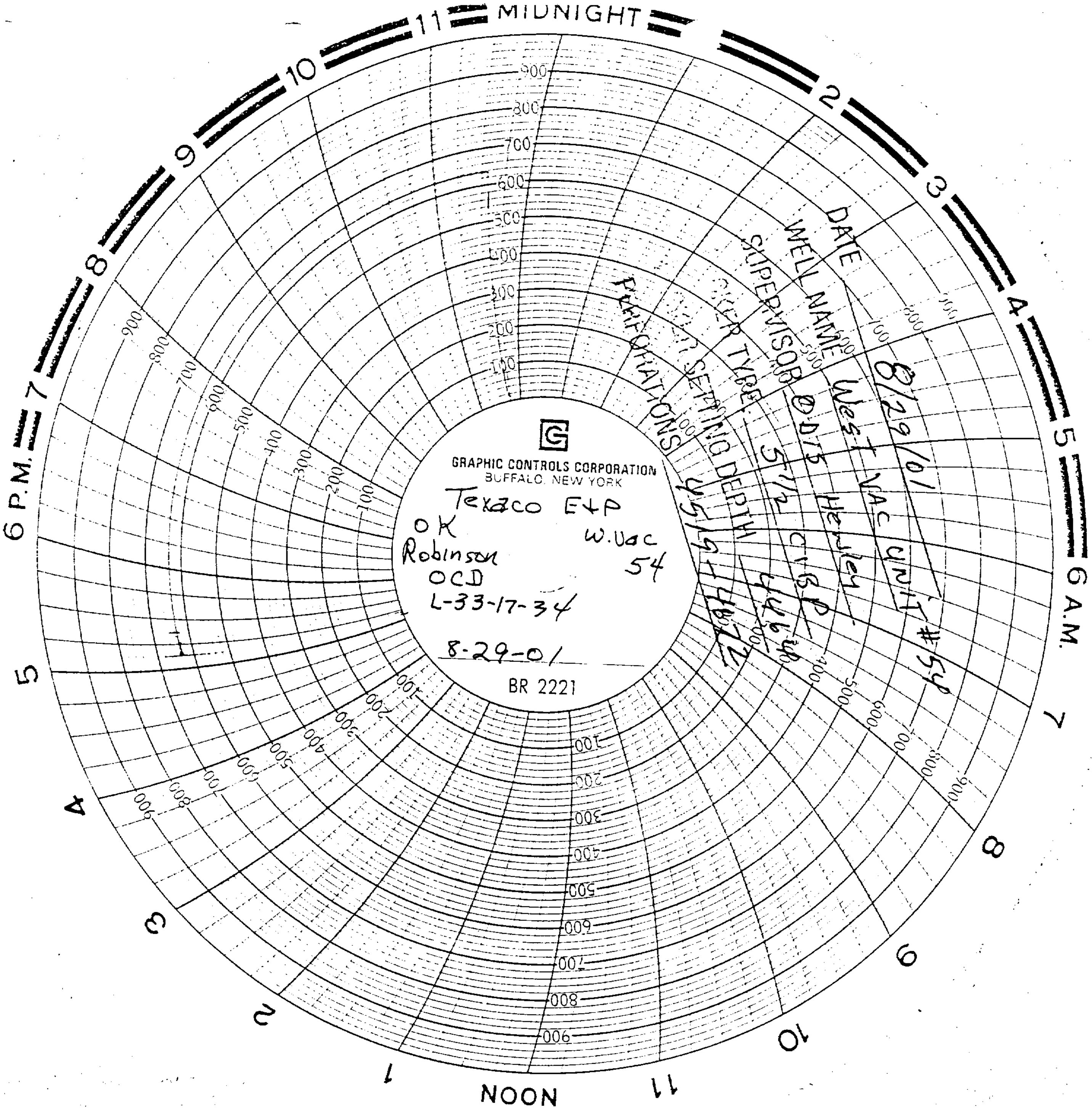
(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

DeSoto/Nichols 12-93 ver 1.0

SCG


MIDNIGHT
6 A.M.
NOON
6 P.M.
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
DATE 8/29/01
WELL NAME West VAC UNIT #54
SUPERVISOR
CSG TYPE 5 1/2 CSG
PACKER SETTING DEPTH 4464
PERFORATIONS
Texaco E+P
W. Vac
54
OK
Robinson
OCD
L-33-17-34
8-29-01