

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088

DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	3002527133
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	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
8. Well No.	54
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPERATION PLUG AND ABANDONMENT
CASING TEST AND 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.

- 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 30 min.
- 8) Request temporary abandoned to 9/1/2003.

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

SIGNATURE [Signature] TITLE Prod. Engineer DATE Sep. 14, 98

TYPE OR PRINT NAME M. Siamak Safargar Telephone No. 397-0429

(This space for State Use) APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE OCT 30 1998

CONDITIONS OF APPROVAL, IF ANY:

