

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. 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.                 | 30-025-30102                                                           |
| 5. Indicate Type of Lease    | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | B-2076                                                                 |

|                                                                                                                                                                                                                          |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)            |                                                             |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                        | 7. Lease Name or Unit Agreement Name<br>Central Vacuum Unit |
| 2. Name of Operator<br>Texaco Exploration and Production Inc.                                                                                                                                                            | 8. Well No.<br>223                                          |
| 3. Address of Operator<br>P.O. Box 730 Hobbs, New Mexico 88240                                                                                                                                                           | 9. Pool name or Wildcat<br>Vacuum Grayburg San Andres       |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1821</u> Feet From The <u>South</u> Line and <u>1330</u> Feet From The <u>West</u> Line<br>Section <u>25</u> Township <u>17-S</u> Range <u>34-E</u> NMPM <u>Lea</u> County |                                                             |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>4004' GR</u>                                                                                                                                                    |                                                             |

|                                                                               |                                           |                                                                             |                                               |
|-------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                           |                                                                             |                                               |
| NOTICE OF INTENTION TO:                                                       |                                           | SUBSEQUENT REPORT OF:                                                       |                                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                      | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                            | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                 |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>                         |                                               |
| OTHER: <input type="checkbox"/>                                               |                                           | OTHER: <u>Test casing for TA status</u> <input checked="" type="checkbox"/> |                                               |

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.

- 2-17-92
- TOH w/prod equip. Set CIBP @ 4275', spt 35' cmt on top of plug.
  - Conducted casing integrity test on the above well.
  - Tested 7" casing from surface to CIBP @4275' to 600# for 30 minutes. Held OK.
  - Request temporarily abandon well status through 4-03-97.

(COPY OF CHART ON REVERSE SIDE)

ORIGINAL CHART ATTACHED

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

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 4-3-92  
TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary  
Abandonment Expires 4-1-97

