State of New Mexico Form C-103 Submit 3 Copies To Appropriate District Office Enc.gy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-30967 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE 😠 FEE Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B-1722-1 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) Vacuum Glorieta West Unit 1. Type of Well: Oil Well Gas Well Other 8. Well No. 2. Name of Operator 49 Texaco Exploration & Production 9. Pool name or Wildcat 3. Address of Operator 500 N. Loraine Midland, Texas 79702 Vacuum Glorieta 4. Well Location 990 Unit Letter feet from the line and feet from the line **NMPM** Section 30 Township 17S Range 35E County Lea 10. Elevation (Show whether DR, 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 OPNS. PLUG AND **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING MULTIPLE** COMPLETION **CEMENT JOB** OTHER: OTHER: Casing Integrity Test for TA Status X 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 06-20-02 Tested casing to 570# for 30 minutes. Well is temporarily abandoned. Request "Temporarily Abandon" well status be extended. Original chart w/copy attached. This Approval of Temporary 1/29/07 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE Regulatory Specialist

OC FIELD REPRESENTATIVE IN C

ONGHAL SIGNED BY

GARY W. WINK

\_DATE\_

915-687-7355

Telephone No.

SIGNATURE\_

APPROVED BY\_

5

Type or print name Laura Skinner

(This space for State use)

Conditions of approval, if any: