Submit 3 copies

State of New Mexico

| Form | C-1 | 0 | 3 |
|--------|-----|-------|------|
| Revise | ed | 1 - 1 | 1-89 |

| to Appropriate District Office | Energy, Minerals and Natural Resources Department | Revised 1-1- |
|--|--|--|
| DISTRICT I | OL CONSERVATION DIVISION | WELL API NO. |
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | 30-025-31781 5. Indicate Type of Lease |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | STATE ✓ FEE 6. State Oil / Gas Lease No. |
| (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER | TICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO RVOIR. USE "APPLICATION FOR PERMI C-101) FOR SUCH PROPOSALS. | 7. Lease Name or Unit Agreement Name VACUUM GLORIETA WEST UNIT |
| Type of Well: OIL GAS WELL WELL | OTHER WATER INJECTION WELL | |
| Name of Operator TEXACO EXF | PLORATION & PRODUCTION INC. | 8. Well No. |
| Address of Operator 205 E. Bende | er, HOBBS, NM 88240 | Pool Name or Wildcat VACUUM GLORIETA |
| 4. Well Location Unit Letter C : Section 25 | 1228 Feet From The NORTH Line and 1399 Township 17S Range 34E N | Feet From The WEST Line |
| | 10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-4008 | |
| 11. Charle A. | annumints Devite to disease Note to Children | |

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 OPER | RATION | PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | | | | CASING TEST AND CEMENT | L JOB | _ | |
| OTHER: | | | | OTHER: | T | EST CASING | |
| | ·· | | | | | | |

4-06-00: NOTIFIED OCD. TEST CSG TO 500# FOR 30 MINS-OK.

PKR SET @ 5905'. PUMPED 120 BBLS PACKER FLUID.

NOTICE OF INTENTION TO:

ORIGINAL CHART & COPY OF CHART ATTACHED.

| I hereby certify that the information above is free and complete to the best ornly knowledge and be | | | |
|---|----------------------------|---------------|----------|
| SIGNATURE J. WILLSE NICKET | ATLE Engineering Assistant | DATE | 9/18/00 |
| TYPE OR PRINT NAME J. Denise Leake | | Telephone No. | 397-0405 |
| েল্ডাs space for State Use) | | | |
| APPROVED 80 NDITIONS OF APPROVAL IF AN C TITLE | | DATE | |

^{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.

