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. 30-025-31785
5. Indicate Type of Lease STATE ☑ FEE ☐
6. State Oil / Gas Lease No. B-2706

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 PERMIT (FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name: VACUUM GLORIETA WEST UNIT

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER INJECTION

8. Well No. 29

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

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

9. Pool Name or Wildcat: VACUUM GLORIETA

4. Well Location
Unit Letter K : 2522 Feet From The SOUTH Line and 2283 Feet From The WEST Line
Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-4001' ,KB-4015'

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: Csg Interity test for 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.

2-15-00: NOTIFIED NMOCD. SET CIBP @ 5900' W/35' CMT. TEST CSG TO 550# FOR 30 MIN-OK.
WELL IS TA'D.

ORIGINAL CHART AND COPY OF CHART ATTACHED.

This Approval of Temporary Abandonment Expires 4-25-2005

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 4/20/00

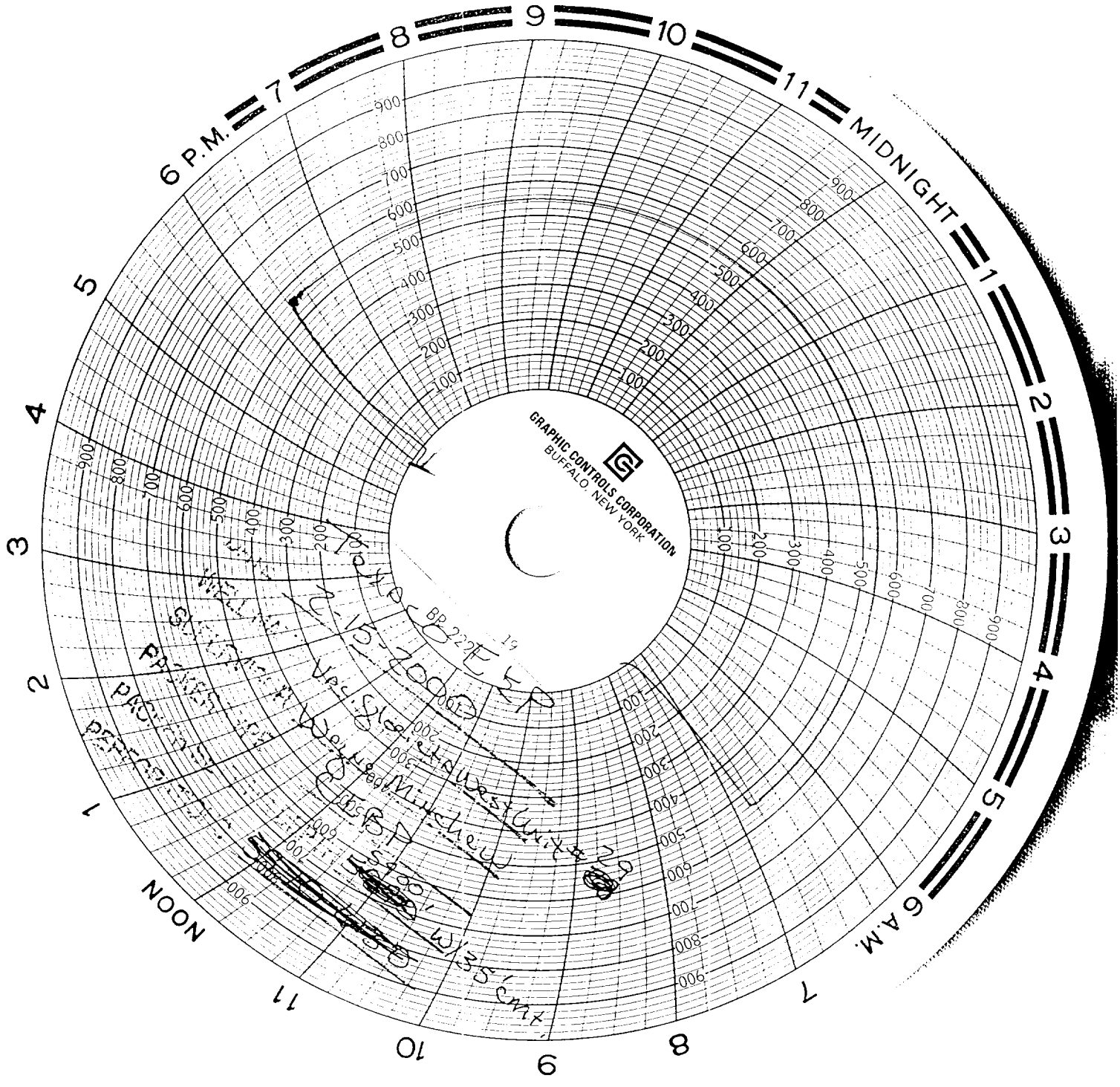
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

DeSoto/Nichols 12-93 ver 1.0

TC 5 6


GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
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