Submit 3 copies to Appropriate District Office	Er	γ, Minerals and I	Natural Resour	- ces Department			Form C-103 Revised 1-1-89	
DISTRICT I	OL	CONSER	VATION	DIVISIO	N IWELL API NO			
P.O. Box 1980, Hobbs, NM 88240	012			DIVISIO	WELL API NO.	22222222		
DISTRICT II			Box 2088			3002532262		
P.O. Box Drawer DD. Artesia. NM	88210	Santa Fe, New	/ Mexico 875	04-2088	5. Indicate Typ			
DISTRICT III						STATE ,	/ FEE	
1000 Rio Brazos Rd., Aztec, NM 83	7410				6. State Oil / G	as Lease No. B-1520	1	
(DO NOT USE THIS FORM FOR	R PROPOSALS RESERVOIR.	AND REPORTS (S TO DRILL OR TO USE "APPLICATION OR SUCH PROPO	DEEPEN OR ON FOR PERM	PLUG BACK TO	7. Lease Maine	or Unit Agreement N. ORIETA WEST UN	ame	
1. Type of Well: OIL WELL	GAS WELL	OTHER					!	
Name of Operator TEXAC	O EXPLORAT	TON & PRODUCTI	ONING.		8. Well No.	15		
3. Address of Operator PO BOX 3109, MIDLAND, TX 79702					9. Pool Name o	Pool Name or Wildcat VACUUM GLORIETA		
4. Well Location					h			
Unit Letter A	: 807	Feet From The	NORTH L	ine and 971	Feet From T	he EAST L	ine	
Section 25	Towns	hip 17S	Range	34E	NMPM	LEA CO	DUNTY	
	10. Ele	evation (Show whether	DF, RKB, RT.G	R, etc.) GR-39	95', KB-4009'	**************************************	t e e e e e e e e e e e e e e e e e e e	
11. Che	ck Appropria	ate Box to Indic	ate Nature c	of Notice, Rep	ort, or Other Da	ata		
NOTICE OF INTER	NTION TO:				SUBSEQUEN	NT REPORT C	F:	
PERFORM REMEDIAL WORK	PLUG A	ND ABANDON	REM	EDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE	E PLANS	СОМ	MENCE DRILLING	OPERATION	PLUG AND ABANDO	NMENT	
PULL OR ALTER CASING CASING CASING TEST AND CEMENT JOI								
OTHER:			OTHE			EMP ABANDONMENT	_	
			0:116	w ! . \ .				

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.

REQUEST APPROVAL FOR TEMPORARY ABANDONMENT STATUS USING TEST DATED 11-19-1999. SEE ATTACHED C-103 SUBMITTED 11-22-1999.

This Approval of Temporary ///19/04
Abandonment Expires ///19/04

I hereby certify that the information above is true and complete to the best of my knowledge.	edge and belief.	
SIGNATURE John /- Lynn	TITLE Administrative Supvr	DATE 7/23/01
TYPE OR PRINT NAME John Ayers		Telephone No. 915-688-4580
(This space for State Use)		2014
APPROVED		Cally 2 to 2004
BUNDITIONS OF APPROVAL IF ANY TITLE		DATE DeSoto/Nichols 12-93 ver 1 0