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.
30-025-32452

5. Indicate Type of Lease
STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
548570

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

7. Lease Name or Unit Agreement Name
NEW MEXICO 'O' STATE NCT-1

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
39

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

9. Pool name or Wildcat
VACUUM DRINKARD

4. Well Location
Unit Letter M : 340 Feet From The SOUTH Line and 990 Feet From The WEST Line

Section 36 Township 17-SOUTH Range 34-EAST NMPM LEA County

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

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	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: EXTEND DRILLING PERMIT			[X]	OTHER:			[ ]

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.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE FEBRUARY 10, 1995 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX MONTHS.

Cancel per JL 9-10-96 eff 8-1-96 G

S.P. 2017 96 Ref 9-10-96

Expires Sept 9, 1995

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

SIGNATURE C Wade Howard TITLE ENGR. ASSISTANT DATE 01-04-95

TYPE OR PRINT NAME C. W. HOWARD TELEPHONE NO. 915-6884606

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY ________ TITLE ________ DATE JAN 31 1995

CONDITIONS OF APPROVAL, IF ANY: