

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

- Amended -

WELL API NO.	30-025-33335
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE
6. State Oil / Gas Lease No.	B-155-1
7. Lease Name or Unit Agreement Name	CENTRAL VACUUM UNIT
8. Well No.	168
9. Pool Name or Wildcat	VACUUM GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.

1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter F 2068 Feet From The NORTH Line and 1467 Feet From The WEST Line Section 36 Township 17-S Range 34-E NM PM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

THIS REPORT IS SUBMITTED TO CORRECT THE GROUND LEVEL ELEVATION FROM 3985' TO 4003' PER MIKE A. RAINES, TEXACO EMPLOYEE.

MIKE TALKED TO DONNA PITZER ON SEPTEMBER 13, 2000

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
TYPE OR PRINT NAME J. Denise Leake

DATE 9/18/00

Telephone No. 397-0405

(This space for State Use)

APPROVED

BY CONDITIONS OF APPROVAL IF ANY

TITLE

DATE