

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 AP NO.	
30-025-33987	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE
6. State Oil / Gas Lease No.	B-8097
7. Lease Name or Unit Agreement Name NORTH VACUUM ABO WEST UNIT	
8. Well No.	30
9. Pool Name or Wildcat	VACUUM ABO NORTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4047'	

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
PO BOX 3109, MIDLAND, TX 79702

4. Well Location
Unit Letter K : 1880 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 15 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4047'

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <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"/>	CHART CASING <input checked="" 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.

6-02-01: CHART CSG AFTER REPAIRING WATER FLOW FROM SURFACE RISER.

CHART ATTACHED.

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 9/12/01

Telephone No. 915-688-4752

TYPE OR PRINT NAME J. Denise Leake

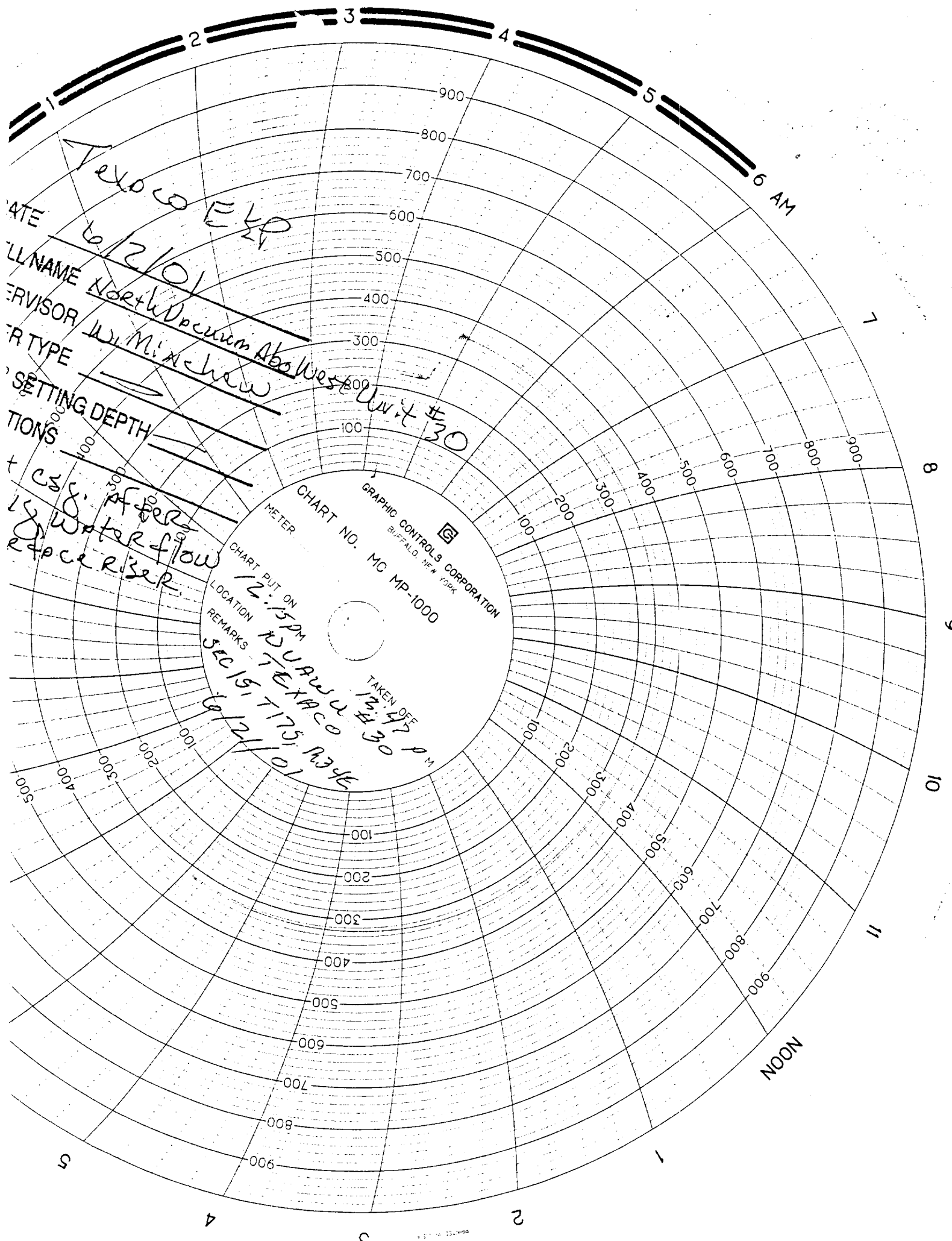
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APPROVED

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE



DATE 6/2/01
WELL NAME Northwestern Abol West Unit #30
SUPERVISOR W. Minchew
WELL TYPE Oil
SETTING DEPTH 1000
REMARKS CSG After 15 Water flow replace riser

CHART NO. MC MP-1000
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
CHART PUT ON 12:15 PM
LOCATION TULAWU TEXACO
REMARKS SEC 15, T175, N34E
TAKEN OFF 12:45 PM
6/2/01