

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.	30-025-33987
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH VACUUM ABO WEST UNIT
8. Well No.	30
9. Pool Name or Wildcat	VACUUM ABO NORTH <i>60760</i>

**SUNDRY NOTICES AND REPORTS ON WELL**  
(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.)

1. Type of Well: OIL WELL  GAS WELL  OTHER

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC

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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: _____ Casing Risers Inspected <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.

Installed identified risers and valves on outlets of all unexposed casing strings (surface and production)

Installed was inspected and approved by NMOCD personnel.

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

SIGNATURE Bobby G. McCurry TITLE Engineering Assistant DATE 10/10/97

TYPE OR PRINT NAME Bobby G. McCurry Telephone No. 397-0446

(This space for State Use) ORIGINAL SIGNED BY \_\_\_\_\_

APPROVED BY BARRY WINK TITLE \_\_\_\_\_ DATE 10 20 1998

CONDITIONS OF APPROVAL: REPLY REP. #