

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.	30-025-34945
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	STATE BA
8. Well No.	15
9. Pool Name or Wildcat	VACUUM UPPER PENN/WOLFCAMP
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4000'

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 C 612 Feet From The NORTH Line and 2135 Feet From The WEST Line Section 36 Township 17S Range 34E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4000'

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 OPERATION	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: 5 1/2" CSG	<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.

5-21-00: RAN 244 JTS 5 1/2" 17# LTC CSG. GUIDE SHOE @ 10499. FC @ 10455. DV TOOL @ 7078. CIRC. CMT 1ST STAGE: 700 SX CL H 50/50 POZ. DISPL W/FW. CMT 2ND STAGE: 515 SX CL H 35/65 POZ. DISPL W/FW. NDBOPS. RAISE BOPS. DROP SLIPS & LAND 5 1/2" CSG. INSTL TBG HEAD. NU TEST TO 2000 PSI-OK. RIG REL @ 6:00 PM 5-20-00

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 5/22/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

DeSoto-Nichols 12-93 ver 1.0