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. 30-025-28803

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

6. State Oil & Gas Lease No. B-1961-1

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 "J" State

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

2. Name of Operator: Texaco Producing Inc.

8. Well No. 4

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Eunice Monument G/SA

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 2310 Feet From The West Line

Section 24 Township 19S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3711' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ]
OTHER: ____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [XX]
CASING TEST AND CEMENT JOB [ ]
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.

12/04/90
1) Baber MIRU.
2) TIH w/2-3/8" WS.
3) Tag'd plug @ 3705'. Ld hole w/9.5 PPG Mud.
4) Spt 3 sx cmt fr 3705-3675'.
5) Pld up hole and spt 26 sx cmt fr 526-250'.

12/05/90
6) Spt 10 sx cmt on surf plg.
7) Cut off WH. Instld dry hole marker. RDMO.
8) Clnd locn.

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

SIGNATURE [signature] TITLE Engineer's Assistant DATE 12/07/90

TYPE OR PRINT NAME M. D. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY [signature] TITLE ____ DATE ____

CONDITIONS OF APPROVAL, IF ANY: