## State of New Mexico Submit 3 copies to Appropriate Enc.

inerals and Natural Resources Department

Form C-103

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 Santa Fe, New Mexico 87504-2088  Santa Fe, New Mexico 87504-2088  Santa Fe, New Mexico 87504-2088  SITATE STATE FEE  6. Stite Oil / Gas Lease No. TG-314694  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 SAND GRAPHICATION SUCH PROPOSALS.)  TEXACO EXPLORATION & PRODUCTION INC.  30 025 31727  5. Indicate Type of Lease STATE FEE  6. Stite Oil / Gas Lease No. TG-314694  7. Lease Name or Unit Agreement Name VAN ETTEN, L.  1. Type of Well: OIL SAND GRAPHICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well: OIL SAND GRAPHICATION SUCH PROPOSALS.)  TEXACO EXPLORATION & PRODUCTION INC.  3. Address of Operator Unit Letter K: 1653 Feet From The SOUTH Line and 2307 Feel From The WEST Line Section 9 Township 20-S Range 37-E NMPM LEA COUNTY	District Office	Revised 1-1-89
Indicate Type of Season Processing	OIL CONSERVATION DIVISION	WELL API NO.
Santa Fe, New Mexico 87504-2088  To Santa Fe, New Mexico 87504-2088  To Santa Fe, New Mexico 87504-2088  Santa Fe, New Mexico 87504-2088  To Santa Fe, New Mexico 87504-2088  To Santa Fe, New Mexico 87504-2088  Santa Fe, New Mexico 87504-2088  To Santa Fe, New Mexico 87504  To Santa Fe, New Mexico 97504  To Santa Fe, New	P.O. Box 2088	30 025 31727
STRICT   STATE   STA	Santa Fe New Mexico 87504-2088	· · · · · · · · · · · · · · · · · · ·
TG-314894  TG-314894  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 THE PROPOSALS.)  Type of Welt  ONL  WELL  ONL  ONL  ONL  ONL  ONL  ONL  ONL	DISTRICT III	
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DECRETA OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (PORM C-101) FOR SUCH PROPOSALS)  1. Type of Well.   OL	1000 Rio Brazos Rd., Aztec, NM 87410	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (PORM-C10) FOR SUCH PROPOSALS.)  1. Type of well: OIL GAS		
1. Type of Well   OTHER   S. WILL   OTHER    2. Name of Operator   TEXACO EXPLORATION & PRODUCTION INC.    3. Address of Operator   205 E. Bender, HOBBS, NM 88240   9. Poul Name or Wildcat   West Binstery    1. Well Location   Unit Letter   K. 1653   Feet From The   SOUTH   Line and   2307   Feet From The   WEST   Line    Section   9   Township   20-S   Range   37-E   NMPM   LEA COUNTY    1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data    NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:    SEMEDIAL WORK   PLUG AND ABANDON   CASING TEST AND CEMENT JOB   PLUG AND ABANDONNINT    TEMPORABLY ABANDON   CHANGE PLANS   CASING TEST AND CEMENT JOB   PLUG AND ABANDONNINT    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.  AS DISCUSSED WITH CHRIS WILLIAMS, 1-21-96, TEXACO INTENDS TO COMPLETE THE ABO FORMATION AND TEST THE WELL UNDER A PACKER. IF THE WELL APPEARS PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Describe the Well Appears PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Describe the Well Appears PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Describe the Well Appears PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Describe the Well Appears PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Describe the Well Appears PRODUCTIVE IN THE BENEFIT OF THE WELL APPEARS		-
E. Name of Operator  TEXACO EXPLORATION & PRODUCTION INC.  1. Address of Operator  20 S. E. Bender, HOBBS, NM 88240  9. Poul Name or Windcet  West Elecation  Unit Letter  K: 1853 Feet From The SOUTH Line and 2327 Feet From The WEST Line  Section 9 Township 20 S. Range 37 E. NMPM LEA COUNTY  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSCULENT REPORT OF:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE ORILLING OPERATION PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB  OTHER:  COMMENCE ORILLING OPERATION DIVID AND ALTERING CASING CASING TEST AND CEMENT JOB  OTHER:  COMMENCE ORILLING OPERATION OF THE ABO FORMATION OF THE ABO FORMATION STATE AND PROBLEM OF THE ABO FORMATION OF THE STATE WELL UNDER A PROCKER. IF THE ABO FORMATION AND TEST THE WELL UNDER A PROCKER. IF THE WELL APPEARS PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.  TYPE OR PRINT NAME  J. Denise Leake  J. Denise Leake  TIPLE OR PRINT NAME  J. Denise Leake  ORIGINAL SIGNED BY CLUBIS WILL AMA.  PURPOR PRINT NAME  J. Denise Leake  ORIGINAL SIGNED BY CLUBIS WILL AMA.  TITLE Engineering Assistant  DATE 1/21/58  Type OR PRINT NAME  J. Denise Leake  TIPLE OR PRINT NAME  J. DENIS MILL AMA.  J. TIPLE OR P		VAN ETTEN, L.
TEXACO EXPLORATION & PRODUCTION INC.  1. Address of Operator 2. Address of Operator 3. Foul Name or Widest Weir Blinebry 4. Address of Operator 4. Address of Operator 5. Well Location 4. Well Location 4. Weir Blinebry 5. Well Location 6. Well Location 6. Well Location 7. Township 20-S Range 37-E NMPM LEA COUNTY 7. Each County 7. Range 37-E NMPM LEA COUNTY 7. Each County 7. Check Appropriate Box to Indicate Nature of Notice, Report, or Chher Data 8. NOTICE OF INTENTION TO: 8. SUBSEQUENT REPORT OF: 8. PLUG AND ABANDON SUBSEQUENT REPORT OF: 9. PERFORM REABULAL WORK ALTERING CASING COMMENCE DRILLING OPERATION PULL OR ALTERIA CASING CASING TEST AND CEMENT JOB CASING	Tr. Type of them.	
Location  Unit Letter K : 1653   Feet From The   SOUTH   Line and   2307   Feet From The   WEST   Line    Section 9   Township   20-S   Range   37-E   NMPM   LEA_COUNTY    10. Elevation (Show whether DF, RKB, RT,GR, etc.)   3541' GR    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   COMMENCE DRILLING OPERATION   Life AND ABANDONINENT   CASING   COMMENCE DRILLING OPERATION   Life AND ABANDONINENT   CASING TEST AND CEMENT JOB   OTHER:   COMPLETE THE ABO FORMATION   SUBSEQUENT REPORT OF:    12. Describe Proposed or Completed Operations (Clearly state all partiment datalis, and give pertinent dates, including estimated date of starring any proposed work) SEE RULE 1103.  AS DISCUSSED WITH CHRIS WILLIAMS, 1-21-98, TEXACO INTENDS TO COMPLETE THE ABO FORMATION AND TEST THE WELL UNDER A PACKER. IF THE WELL APPEARS PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. A' THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.    Perform that the sylfibrace above a real and complete of the proposed and based.   The packer is the proposed of the packer is	Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 13
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Section 9 Township 20-S Range 37-E NMPM LEA COUNTY    10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3541' GR	4. Well Location	vveir blinebry
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Thereby certify that the information above is true and complete to the lifest of my knowledge and belief.  SIGNATURE J. J. L. TITLE Engineering Assistant  TYPE OR PRINT NAME  J. Denise Leake  Telephone No. 397-0405	AS DISCUSSED WITH CHRIS WILLIAMS, 1-21-98, TEXACO INTENDS TO COMPLETE THE ABO FO PACKER. IF THE WELL APPEARS PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACK	RMATION AND TEST THE WELL UNDER A (ER. AT THIS TIME, THE TUBB INTERVAL WILL
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TYPE OR PRINT NAME  J. Denise Leake  Telephone No. 397-0405  ORIGINAL SIGNED BY CHRIS MILE LAND.	Engineering Assistant	DATE1/21/98
(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS	TYPE OR PRINT NAME  J. Denise Leake	Telephone No. 397-0405
	(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS	1112

DISTRICT I SUPERVISOR TITLE