

Submit 3 Copies To Appropriate District  
Oil Fee  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	WELL API NO. 30-025-35127
2. Name of Operator Texaco Exploration & Production	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 500 N. Loraine Midland, Texas 79702	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>L</u> <u>1650'</u> feet from the <u>SOUTH</u> line and <u>660'</u> feet from the <u>WEST</u> line Section <u>1</u> Township <u>20-S</u> Range <u>36-E</u> NMPM County <u>LEA</u>	7. Lease Name or Unit Agreement Name: NEW MEXICO 'E' STATE NCT-1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3568'	8. Well No. 8
	9. Pool name or Wildcat MONUMENT, BLINERY

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

PLEASE EXTEND THE PERMIT FOR ONE YEAR. THE SUBJECT WELL IS ON THE DRILL SCHEDULE FOR LATE AUGUST OR EARLY SEPTEMBER, 2001.

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

SIGNATURE A. Phil Ryan TITLE COMMISSION COORDINATOR DATE 7/12/01

Type or print name A. PHIL RYAN

Telephone No. 915- 688-4606

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

