Submit 3 Copies to Appropriate

State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-26772 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE [STATE X DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LC-1207 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: San Simon 2 State GAS WELL X OIL WELL 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. Address of Operator 9. Pool name or Wildcat P.O. Box 730 Hobbs, New Mexico 88240 <u> Grama Ridge Morrow, East (Gas)</u> Well Location 2080 North 660 Unit Letter East Feet From The Line and Feet From The Line Township **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3614' GI Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Cancellation of Workover XX 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. Please disregard the intent for remedial work on the C-103 dated 12-05-91. The workover will not be done at this time.

I hereby certify that the information above is true and complete to the best of my k	nowledge and belief.	
SIONATURE Thorte Coma	Engineer's Assistant	DATE : 3-3-92
TYPE OR PRINT NAME		ТЕЦЕРНОМЕ NO. 393—7191
(This space for State Use)		
Paul Kaute		MAR 0 6 '92
CONDITIONS OF AFPROVAL, IF ANY:	mrs	DATE