## Submit 3 copies to Appropriate

## State of New Mexico

District Office	• 1	gy, Minerals and Natural	Resources Department		Form C-103
DISTRICT I	ΔII	CONCEDUATE	ON DIVIDION		Revised 1-1-89
P.O. Box 1980, Hobbs, NM	88240 <b>OIL</b>	CONSERVAT	ION DIVISION	WELL API NO.	
DISTRICT II		P.O. Box 20		30-025-3398	19
P.O. Box Drawer DD, Artesi	a, NM 88210	Santa Fe, New Mexic	o 87504-2088	5. Indicate Type of Lease	
DISTRICT III					E 🛛 FEE 🥅
1000 Rio Brazos Rd., Aztec	, <b>NM</b> 87410			6. State Oil / Gas Lease No.	— <del>=</del> <b>=</b> -
(DO NOT USE THIS FUI	UNDRY NOTICES A RM FOR PROPOSAL ERENT RESERVOIR. (FORM C-101) F	7. Lease Name or Unit Agreeme	nt Name		
Type of Well: OIL     WELL	- 646	OTHER			
2. Name of Operator	TEXACO EXPLORA	TION & PRODUCTION INC		8. Well No.	
Address of Operator	P.O. Box 2100, Denv	ver Colorado 80201		9. Pool Name or Wildcat	·- <del></del>
4. Well Location				ABO	
Unit Letter	H : 1980	Feet From The NOR	OTH Line and SEO	Feet From The EAST	
Section 10		ship	Range 37-E	IMPMLEA	COUNTY
100 m (100 m) 100 m (100 m) 100 m (100 m)	10. Ek	evation (Show whether DF, RKI	B DT CD ata\	6', KB-3569'	
11.	Check Appropri	ate Box to Indicate Na			
NOTICE OF	INTENTION TO				
			S	SUBSEQUENT REPORT	ΓOF:
PERFORM REMEDIAL WOR	K PLUG A	ND ABANDON	REMEDIAL WORK	ALTERING CAS	ING 🗀
TEMPORARILY ABANDON	CHANG	E PLANS	COMMENCE DRILLING O		لــــا
PULL OR ALTER CASING	$\overline{\sqcap}$		CASING TEST AND CEME		NDONIMENT
OTHER:		Г	OTHER:		
40		<b>_</b>		COMPLETION	
Describe Proposed or C proposed work) SEE RU	Completed Operations JLE 1103.	(Clearly state all pertinent	details, and give pertinent	dates, including estimated date	of starting any
<ol> <li>TIH W/ GAMMA RAY 8</li> <li>PERF: 7182'-7198', 71</li> <li>SPOT 200 GAL ACID</li> </ol>	& CCL TO TUN CORE 170'-7176', PERF: 71 PULL UP TO 7050'	PELATION LOG TOUR	-26-98 136'-7138', 7124'-7130', 7 5% NEFE HCL. 03-27-98	LAR. DISPLACE HOLE W/2% I 114'-7120', 7095'-7098', 7088'-70 F/DAY. 03-31-98. S 2% KCL. LD 2 JTS TBG. OP	

I hereby certify that the information above is SIGNATURE $C$ . $\rho$ .	Backan SRD TITLE Eng. Assistant.	DATE 4/22/98		
TYPE OR PRINT NAME	Sheilla D. Reed-High	Telephone No.	(303)793-4851	
(This space for State Use)	ORIGINAL SIGNED BY OHR S WILLIAMS			
APPROVED	DISTRICT I SUPERVISOR			
CONDITIONS OF APPROVAL, IF	IF ANY:TITLE	DATE		