

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**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.  
30-025-25518

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-2274

**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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
TOCO L. L. C.

3. Address of Operator  
P. O. BOX 888, HOBBS, NEW MEXICO 88241

4. Well Location  
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line  
Section 16 Township 23S Range 33E NMPM LEA County

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

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 ☐  
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.

Set 100' cmt plug from 9413' TO 9313' covering perf, tag.  
Set 100' cmt plug from 8050' to 7950' covering D. V. tool.  
Set 100' cmt plug from 5150' to 5050 to 5050', 50' in & 50' out of 10 3/4" shoe tag.  
Set 100' cmt plug from 2100'.  
Set 100' cmt plug from 1352' to 1252', 50' in & 50' out T.O.S.  
Set 100' cmt plug from perf below 13 5/8" shoe @ 748', 50' in 50' out, tag.  
Set 10' sx surf plug.  
Cut off csg. head, weld on Dry Hole Marker.

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

SIGNATURE Gaye Heard TITLE MANAGER DATE 07/18/97

TYPE OR PRINT NAME GAYE HEARD TELEPHONE NO. (505) 393-2727

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY:

JK

MP  
ep