

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 12388
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-9312
7. Lease Name or Unit Agreement Name	MEXICO -L-
8. Well No.	24
9. Pool Name or Wildcat	DOLLARHIDE FUSSELMAN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3158'

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 WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
PO BOX 3109, MIDLAND, TEXAS 79701

4. Well Location
Unit Letter B : 816 Feet From The NORTH Line and 1780 Feet From The EAST Line
Section 5 Township 25S Range 38E NMPM LEA COUNTY

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 DRILL OPERATIONS ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐ REQUEST TA STATUS EXTENSION ☒

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.

SUBJECT: Mexico L #24

Texaco respectfully requests permission to extend TA status on the subject well.

Justification: The subject well is located within the West Dollarhide Drinkard Unit. Texaco would like to hold the wellbore in TA status in the event that it is needed for a replacement well in the future.

The casing integrity chartdate 8/7/01 is attached to this form.

This Approval of Temporary
Abandonment Expires 8/10/06

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

SIGNATURE M. Quintana TITLE Engineering Assistant DATE 8/8/01

TYPE OR PRINT NAME Mike Quintana Telephone No. 505-394-9307

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE AUG 13 2001

CONDITIONS OF APPROVAL, IF ANY: