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CONDITIONS OF AFFROVAL, IP ANY:

## State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT II P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410  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.)			WELL API NO. 30-025-32172	
			5. Indicate Type of Lease STATE FEE X	
			6. State Oil & Gas Lease No.	
			7. Lease Name or Unit Agreement Name B.F. HARRISON 'B'	
i. Type of Well: OL GAS WELL X WELL	OTHER			
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 3109 Mic	lland, Texas 79702		TEAGUE FUSSELMAN, NORTH	
Unit Letter _C :	-	Line and	2100 Feet From The WEST Line  NMPM LEA County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)		
11. Check	Appropriate Box to Indicate		Report, or Other Data	
NOTICE OF IN	TENTION TO:	SUE	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER:		OTHER: CORRECT	TUBING DEPTH X	
Describe Proposed or Completed Oper work) SEE RULE 1103.  THE TUBING DEPTH REPORTED THE CORRECT DEPTH OF THE	ON THE C-105 FILED ON 11-		inding estimated date of starting any proposed	
I hereby certify that the information above is to stonature. Bosonature  TYPE OR PRINT NAME C.P. BASHAM	nue and complete to the best of my knowledge a	nd belief.  TILE DRILLING OPERA	TIONS MANAGER DATE 04-01-94 TELEPHONE NO. 915-68846	
(This space for State Use)		ORIGINAL SIGNED	BY JERRY SEXTON SUPERVISOR APR 0 5 199	
APTROVED BY		m	DATE	