Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office E zy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-35126 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE | FEE X Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) F. B. DAVIS 1. Type of Well: Oil Well X Gas Well Other 8. Well No. 2. Name of Operator Texaco Exploration & Production 3. Address of Operator 9. Pool name or Wildcat 500 N. Loraine Midland, Texas 79702 TEAGUE, L PADDOCK-BLINEBRY NO 4. Well Location 1650' feet from the NORTH 2310' line and feet from the line Section Township 23-s Range 37-E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 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** CASING TEST AND MULTIPLE PULL OR ALTER CASING COMPLETION **CEMENT JOB** OTHER: X QTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. PLEASE CHANGE THE F.B. DAVIS #10 TO F.B. DAVIS #9 DUE TO ERROR MADE BY TEXACO. THE F. B. DAVIS #9 WILL BE CHANGED TO F. B. DAVIS #10. F. B. DAVIS #10: C, 330' FNL & 2310' FWL, SEC 8, T-23-S, R-37-E. (WHICH WAS F. B. DAVIS #9) F. B. DAVIS # 9: F, 1650' FNL & 2310' FWL, SEC 8 T-23-S, R-37-E. (WHICH WAS F. B. DAVIS #10) I hereby certify that the information above is true and complete to the best of my knowledge and belief. _ TITLE COMMISSION COORDINATOR ____ DATE ___ SIGNATURE_ Telephone No. 915- 688-4606 Type or print name A. PHIL RYAN

Mairich Bur Gas.

A) M

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY

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