

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. 30-015-31402

5. Indicate Type of Lease
STATE FEE

6. State Oil / Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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: 205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 2310 Feet From The WEST Line
Section 31 Township 23-S Range 30-E NMPM EDDY COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3127 GR

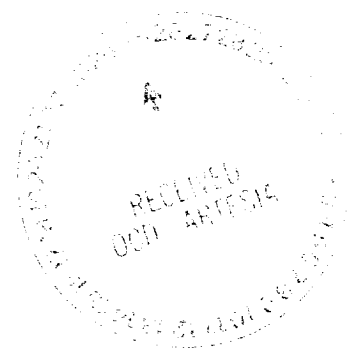
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	INTERMEDIATE CASING <input checked="" type="checkbox"/>

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.

12-16-00/12-22-00: DRLG 3327-3350, RAN 81 JTS 8 5/8" CSG SET @ 3355'. CMT W/850 SX CL C. NDBOP. SET SLIPT. CUT OFF CSG. DRLG 3350-3516,3579,3829,3896,4298,4735,4785,4798,5236,5266,5705,5790,5858,6079,6549,6627,6924,7250.

To c?
Note woc time



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

SIGNATURE: J. Denise Leake TITLE: Engineering Assistant DATE: 12/23/00

TYPE OR PRINT NAME: J. Denise Leake Telephone No.: 397-0405

(This space for State Use)

APPROVED: [Signature] TITLE: _____ DATE: MAY 02 2001

CONDITIONS OF APPROVAL IF ANY: _____