

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

C CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002506032
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name T. Anderson
8. Well No. 2
9. Pool name or Wildcat Eunice Monument GB-SA

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 <i>Producing Inc.</i>	
3. Address of Operator Texaco Exploration and Production Inc. P.O. Box 730 Hobbs, N.M.	
4. Well Location Unit Letter <u>I</u> : 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3550 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ 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.

- 1.) Notify OCD 24 hours prior to commencement of plugging operations.
- 2.) Run freepoint on 7" casing. Cut and pull casing. Load hole with 9.5 ppg mud.
- 3.) Set 100' cement plug (28 sxs Class "H" w/ 2% CaCl₂, 5.2 gal/sack, 15.6 ppg, 1.18 cu ft/sack) across 7" casing stub.
- 4.) Pull up hole and set 100' (37 sxs Class "H" 1.18 cu ft/sack w/ 2% CaCl₂) cement plug across 13" casing shoe.
- 5.) Set 10 sack (Class "H" 1.18 cu ft/sack w/ 2% CaCl₂) cement plug at surface.
- 6.) Cut off wellhead. Install hole marker. Clean location.

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

SIGNATURE M.C. Duncan TITLE Engineer's Assistant DATE 1/30/91
 TYPE OR PRINT NAME M.C. Duncan TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: _____