

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.	30-015-28400
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	REMUDA BASIN '19' STATE
8. Well No.	2
9. Pool Name or Wildcat	UNDESIGNATED BONE SPRINGS
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3047'

SUNDY 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 PERMI  
(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  
P.O. Box 46510, Denver Colorado 80201-6510

4. Well Location  
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 19 Township 23-S Range 30-E NMPM EDDY 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 DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐  
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.

THE TOTAL DEPTH ON THE SUBJECT WELL HAS BEEN CHANGED FROM 7500' TO 7600' DUE TO SOME ADDITIONAL PAY IN THE ZONE OF INTEREST.

RECEIVED

OIL CON. DIV.

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

SIGNATURE C.P. Basham TITLE Eng. Assistant.

DATE 2/16/96

TYPE OR PRINT NAME Sheilla D. Reed-High

Telephone No. (303)621-4851

(This space for State Use)

APPROVED  
CONDITIONS OF APPROVAL, IF ANY: ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT SUPERVISOR

DATE FEB 24 1996  
DeSoto/Nichols 10-94 ver 2.0