

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. 30-025-35628
5. Indicate Type of Lease STATE [checked] 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 [checked] GAS WELL [] OTHER []
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator PO BOX 3109, MIDLAND, TX 79702
4. Well Location Unit Letter F : 2100 Feet From The NORTH Line and 1390 Feet From The WEST Line
Section 31 Township 17-S Range 35-E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3973'

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: SPUD & SURFACE CSG [checked]

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.
8-17-01/8-28-01: MIRU & SPUD 8-17-01. DRLG 40-267,340,433,681,930,1107,1170,1520. RAN 9 5/8" CSG, 36# K-55 ST&C, GUIDE SHOE, 1 SHOE JT, 36# K-55, FLOAT COLLAR, 32 JTS 36# K-55. CMT W/450 SX CL C + 4% D20 + 2% S001. TAIL IN W/250 SX CL C + 2% S001. CIRC 27 BBLS CMT TO SURF. WOC. DRILL
1564,1721,1783,2110,2218,2716,2997,3093,3151,3246,3590,3655,3731,3780,3836,3916,4009,4065,4245,4265,4337,
4423,4430,4620,4800. RU LOGGERS. RAN NGT/MICRO-CFL/GR/BOREHOLE-COMP.SONIC/NATURAL GAMMA RAY. LOGGERS TD @ 4783 @ 10:00 PM 8-27-01.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Engineering Assistant
DATE 8/30/01
TYPE OR PRINT NAME J. Denise Leake Telephone No. 915-688-4752

(This space for State Use)
APPROVED
CONDITIONS OF APPROVAL IF ANY: TITLE DATE
DeSoto/Nichols 12-93 ver 1.0