

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.	30-015-29720
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	LC-029418B
7. Lease Name or Unit Agreement Name	TEXMACK 11 FEDERAL
8. Well No.	1
9. Pool Name or Wildcat	FREN MORROW
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3949'-GR	

SUNDRY NOTICES AND REPORTS ON WELL
(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
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter C 990 Feet From The NORTH Line and 1650 Feet From The WEST Line
Section 11 Township 17-S Range 31-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: Surface commingle of production ☒

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.

Texaco is giving notification of intent to surface commingle production from Texmack 2 State #1, St. Lse. #NM 912634(Sec 2-T17S-R31E), a new gas well, into production facilities at Texmack 11 Federal #1, Fed. Lse. #LC-029418B, (Sec 11-T17S-R31E). Both wells are completed in the Fren Morrow zone. Metering of oil, water, and gas will be done at each separator before commingle.

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

SIGNATURE Bobby J. Hill TITLE Engineering Assistant

DATE 6/23/98

TYPE OR PRINT NAME Bobby J. Hill

Telephone No. 397-0444

(This space for State Use)

APPROVED BY [Signature] TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: [Signature]