

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. 3001530799

5. Indicate Type of Lease STATE ☒ FEE

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name
TEXMACK 2 STATECOMM

8. Well No. 2

9. Pool Name or Wildcat
FREN MORROW

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 2180 Feet From The WEST Line
Section 2 Township 17-S Range 31-E NMPM EDDY COUNTY

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

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 ☒

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.

SPUD 14 3/4" HLE @ 7:00 AM 12-10-99. DRLD TO 420'. CHG OUT SWIVEL PACKING. DRLD TO 556. TD @ 11:00 PM.
RAN 13 JTS 11 3/4" 42# H40 STC CSG SET @ 556. FLOAT @ 516. CMTD W/100 SX CL C W/2% GEL, 2% CACL & 250 SX CL C W/2% CACL. CIRC
60 SX CMT TO PIT. PLUG DOWN @ 4:00 AM. WOC 2 HRS.

CASING/CEMENT REPORT ATTACHED



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 12-13-99

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY: TITLE bx

DATE 4-28-00