

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

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 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: ☒

Intermediate 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.

12-12/12-21/99: NUBOP. TEST TO 1000 PSI-OK. DRLD CMT TO BTM CSG, TEST TO 1000 PSI-OK. DRLD 556-780. DRLD 780-1103, 1056,2012, 2015-2075,2294,2430,2450-2763, 2798,3010,3020,3315,3318,3633,3665,3819,3980,4290,4400,4500.

RAN 104 JTS 8 5/8" 32# J55 LTC 4505' SET @ 4500. CMT W/1220 SX 35/65 POZ H W/6% D20, 5% D44, 1/4 PPS D29 & 570 SX CL H NEAT. PLUG DOWN @ 1:10 AM 12-21-99. NDBOP. SET SLIPS. C/O CSG.

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

12-23-99

TYPE OR PRINT NAME

J. Denise Leake

Telephone No.

397-0405

(This space for State Use)

APPROVED

Jim W. Green

District Supervisor

CONDITIONS OF APPROVAL IF ANY:

Box TITLE

DATE

1-28-00