

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 STATE COM

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 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 PO BOX 3109, MIDLAND, TX 79702

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

REMEDIAL WORK ☒

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPERATION

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

OTHER:

PULL PKR & PLUNGER LIFT ☒

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.

5-30-01: MIRU.

5-31-01: RU WL. TIH W/PLUG & SET IN R NIPPLE @ 11,960'. LOAD TBG W/60 BBLS 2%. ND TREE. NUBOP. RU SWAB. FL @ SURF. END FL @ 4500'.

6-01-01: FL @ 8200'. END FL @ 10,000'.

6-04-01: RU N2 PUMP. BLOW CSG DRY W/N2.

6-07-01: LATCH ONTO PKR. REL PKR.

6-08-01: TIH W/PUMP OUT PLUG ASSEMBLY W/PLUG IN PLACE, SN, TBG, SUB. TBG @ 12,169'. SN @ 12,168'. NDBOP. NUWH.

6-09-01: RIG DOWN. PUMP OUT PLUG W/N2.

6-30-01: ON 24 HR OPT. FLOWING NATURAL GAS, 4 BO, 2 BW, & 374 MCF.

FREN MORROW PERFS 12,144-12,188'.

FINAL REPORT



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 8/15/01

Telephone No. 915-688-4752

TYPE OR PRINT NAME

J. Denise Leake

(This space is for State Use)

For Record Only

APPROVED

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

AUG 26 2001