

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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

APR 19 '90

WELL API NO. 30-015-26317
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. ***
7. Lease Name or Unit Agreement Name Shugart State Com. "A" #1
8. Well No. #1
9. Pool name or Wildcat Und. N. Shugart Morrow

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PEG 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 TXO Production Corp. ✓
3. Address of Operator 415 West Wall, Suite 900, Midland, Texas 79701
4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 16 Township 18 South Range 31 East NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3673.3 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☒
OTHER: ☐	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.

4-10-90 Spud 17 1/2" surf hole @ 12:30 PM
4-11-90 Drlg
4-12-90 Ran 15 jts 13 3/8" 32#, H-40, ST&C csg. WOC 24 hrs. Set, cent & cmt @ 627' w/650 sx Cl "C" cmt w/2% CaCl. Circ cmt to surf. PD 7:00PM 4-11-90.
4-13-90 Drld cmt & float equip. Lost circ.
thru
4-15-90
4-16-90 Mix & pmp 500 G Howco flow check + 200 sx thick set cmt. WOC 12 hrs. Tag cmt @ 673'. WOC 9 hrs.

**N/2 NW/4-K 2646; SW/4-E 882; NW/4 NE/4 B-2023; NE/4 NE/4-V2481; S/2 NE/4 & SE/4 NW/4-LG 1101

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

SIGNATURE <i>Kathy Long</i>	TITLE Drilling Secretary	DATE 4/18/90
TYPE OR PRINT NAME Kathy Long		(915)
		TELEPHONE NO 682-7992

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WPC
4-20-90