

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.

30-015-29284

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

OG-5108-1

7. Lease Name or Unit Agreement Name

NEW MEXICO 'DF' STATE COM.

8. Well No.

3

9. Pool Name or Wildcat

INDIAN BASIN UPPER PENN/ UNDESG. GLTA

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
P.O. Box 3109, Midland Texas 79702

4. Well Location

Unit Letter G : 2000 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 32 Township 21-S Range 23-E NMPM EDDY COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4059'

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:

CORRECT WELL NAME ☒

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.

THE CORRECT WELL NAME IS: NEW MEXICO 'DF' STATE COM. No. 3.

PLEASE DROP THE 'NCT-1' FROM THE WELL NAME.

DEC 12 '96

O. C. D.
ARTESIA, OFFICE

Part ID-3
1-24-97
by well name

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

SIGNATURE C. Wade Howard TITLE Eng. Assistant

DATE 12/10/96

TYPE OR PRINT NAME C. Wade Howard

Telephone No. 688-4606

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

DATE DEC 24 1996

CONDITIONS OF APPROVAL, IF ANY: