| Cl | SF<br>U |
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|    |         |

|  |                             |  | Ot New Me                             |  |  | . k∖ F  | orm C-103                       |
|--|-----------------------------|--|---------------------------------------|--|--|---|---------------------------------|
| Submit 3 copies<br>to Appropriate<br>District Office   |                             | Energy, Minerals and   |                                       |  |  | 11.5  | Revised 1-1-89                  |
| DISTRICT I   |                             | OIL CONSER'  | VATIC                                 | N DIVISION   | WELL API NO.                                   |   |                                 |
| P.O. Box 1980, Hobbs, NA   | vi 88240                    |  | Box 2088                              |  |  | 30-015-29284  |                                 |
| DISTRICT II  |                             | Santa Fe Nev   |                                       |  | 5. Indicate Ty                                 |   |                                 |
| P.O. Box Drawer DD, Artes  | sia, NM 8821                | 10   | 111071100                             |  |  | STATE 🛛   | FEE 🔲                           |
| DISTRICT III   |                             |  |                                       |  | 6. State Oil /                                 | Gas Lease No.<br>NM-19233   | 30                              |
| 1000 Rio Brazos Rd., Azte  | c, NM 87410                 | )  |                                       |  |  | 14141-1920  | <u> </u>                        |
| THE PART HOS THE FO  | RM FOR PRO                  | TICES AND REPORTS POSALS TO DRILL OR TO RVOIR. USE "APPLICATION"101) FOR SUCH PROPO            | ON FOR PE                             | OK PLUG BACK TO A  | 1  | e or Unit Agreement N   | ame                             |
| Type of Well: OIL WELL   | GAS WELL                    | □ OTHER  |                                       |  | 0.144.11.14                                    |   |                                 |
| 2. Name of Operator  | TEXACO EXI                  | PLORATION & PRODUCT  | ION INC.                              |  | 8. Well No.                                    | 3   |                                 |
| 3. Address of Operator   | 205 E. Bende                | er, HOBBS, NM 88240  |                                       |  | 9. Pool Name                                   | or Wildcat<br>NDIAN BASIN UPPER PI                                  | <u>ENN</u>                      |
| 4. Well Location   |                             |  | NODI                                  | H Line and 1650  | Feet From                                      | The EASTLin   | ne                              |
| Unit Letter  | _ <u>G _ :</u> _            | 2000 Feet From Ti  | ne NORT                               | n_Lille and 1000   |  |   |                                 |
| Section 32   |                             | Township 21-S  |                                       |  | MPM  | EDDY COL  | JNIY                            |
|  |                             |  |                                       | B, RT,GR, etc.) 4059' GR   |  |   |                                 |
| 11.  | Check A                     | ppropriate Box to Ind  | licate Nat                            | ture of Notice, Repo   | rt, or Other                                   | Data  |                                 |
| NOTICE OF  |                             |  |                                       | S  | UBSEQUE  | NT REPORT O   | F:                              |
|  |                             | PLUG AND ABANDON   |                                       | REMEDIAL WORK  | $\boxtimes$                                    | ALTERING CASING   |                                 |
| PERFORM REMEDIAL WOI   |                             | CHANGE PLANS   |                                       | COMMENCE DRILLING OF   | PERATION [                                     | PLUG AND ABANDO   | NMENT 🔲                         |
| TEMPORARILY ABANDON  |                             | CHANGE PLANS   | ب                                     | CASING TEST AND CEM  | _  |   |                                 |
| PULL OR ALTER CASING   |                             |  |                                       |  |  | erfs, Acidize   |                                 |
| OTHER:   |                             |  |                                       | OTHER:   |  |   |                                 |
| 12. Describe Proposed or any proposed work)  | SEE RULE 110                | 03.  |                                       |  | _  |   |                                 |
| 3-22-99: MIRU. INSTL FI<br>3-23-99: TIH W/DSP TO<br>GAS WELL ACID. PUMP<br>6-16-99: ON 24 HR OPT<br>FINAL REPORT | OL ON COILE<br>ED IN 4 STAG | TOR ON 5K TREE. TIH W.<br>D TBG. ACIDIZE UPPER I<br>ES. JET HOLE DRY FR 6<br>30 BW, & 767 MCF. | /GUN & PE<br>PENN PER<br>975-3000'. I | RF UPPER PENN FORM<br>FS 6846-6909' W/4000 G<br>FLOW & CLEAN UP WE | MATION FR 684<br>IALS 15% NEFI<br>LL. TURNED D | 16-48, 6851-60, 6873-9<br>E HCL & 355,066 SCF<br>OWN LINE @ 2:00 AM | 3, 6909-17'.<br>N2 FOAMED<br>1. |
|  |                             |  |                                       |  |  | OCO FAIL  | * (30.1017)                     |
|  |                             |  |                                       |  |  | CSIA  |                                 |

| hereby certify that the information a | bove if true and complete to the light of my knowledge and belief.  TITLE Eng | gineering Assistant | DATE <u>6/22/99</u>    |
|---------------------------------------|---|---------------------|------------------------|
| TYPE OR PRINT NAME                    | J. Denise Leake   |                     | Telephone No. 397-0405 |
| (This space for State Use)            | Sim W. Skend  | District Super      | 1000 DATE 7.8-99       |