

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.	30-015-20899
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	E5229-4
7. Lease Name or Unit Agreement Name	FORTY NINER RIDGE UNIT
8. Well No.	1
9. Pool Name or Wildcat	FORTY NINER RIDGE DELAWARE
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3213' GR

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>16</u> Township <u>23S</u> Range <u>30E</u> NMPM <u>EDDY</u> COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3213' GR

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: CASING INTEGRITY TEST FOR TA STATUS ☒

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.

1. NOTIFY NMOC. TOH W/ PRODUCTION EQUIPMENT.
  2. SET CIBP @ +/- 4383' (TOP PERF @ 4433') & CAPPED W/ 35' CMT, PBTD @ +/- 4348'.
  3. CIRC HOLE W/ INHIBITED FLUID & TEST AS PER NMOC GUIDELINES TO 500# FOR 30 MIN ON PRESSURE CHART.
  4. TOH W/ TBG. REQUEST TEMPORARILY ABANDON WELL STATUS THROUGH 2/1/2002.
- RAY SHORT, CARLSBAD TEAM LEADER 887-5676

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

SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 1/20/97  
TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY DISTRICT II SUPERVISOR TITLE  DATE MAR 18 1997

CONDITIONS OF APPROVAL, IF ANY: