4. Well Location

1 6 17	
0171	Form C-103
019Kp	Revised 1-1-89

FEE

Line

EDDY COUNTY

Submit 3 copies to Appropriate District Office	En/ Minerals and Natural Resources Department	Form Revi
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30 015 31000 5. Indicate Type of Lease STATE 6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil / Gas Lease No.
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	TICES AND REPORTS ON WELLS PPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO RVOIR. USE "APPLICATION FOR PERMI C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name REMUDA BASIN STATE
1. Type of Well: OIL GAS WELL WELL		
Name of Operator TEXACO EX	PLORATION & PRODUCTION INC.	8. Well No. 11
Address of Operator 205 E. Bend	er, HOBBS, NM 88240	9. Pool Name or Wildcat 5 W 49ER RIDGE SW, DELAWARE

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

Township.

23-S

Feet From The

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	✓	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATION	1 🗌	PLUG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB			
OTHER:			_ 🗆	OTHER:	PODU	CTION CSG	_ 🗸

Range 30-E

5-9-00/5-19-00: DRLD CMT & PLUG. TAG @ 400'. DRLD 432-460. ND ROT HD. NU HYDTIL & ROT HD. TEST TO 700 PSI. DRLD 460-540,665,696,1037,1068,1156,1181,1304,1581,1830,2046,2080,2324,2386,2603,2700,2846,2970,3177,3244,3432,3695,4013,4250, TD 7 7/8" HLE @ 6:30 PM. TIH W/BIT, DC & DP. RAN 95 JTS 5 1/2" 15.50# K-55 LT&C SET @ 4236'. INSERT FLOAT @ 4225'. CMT 5 1/2" CSG W/LEAD 1155 SX, 35/65 POZ W/.6% D-20, .5% D-44, 25# D-29 @ 12.4 PPG. TAIL W/350 SX CL H NEAT @ 15.6 PPG. PLUG DN @ 4:00 PM. CIRC 200 SX CMT. ND BOP. SET SLIPS CUT OFF 5 1/2" CSG. NU TBG HD. TEST TBG-OK. JET PITS. REL RIG @ 12 MIDNIGHT 5-19-00.



Feet From The WEST

NMPM

(This space for State Use) APPROVED ORIGINAL SIGNED BY TIM W. GUM BISTRICT II SUPERVISOR		JUL 2 8 2000		
TYPE OR PRINT NAME	J. Denise Leake	Telephone No. 397-0405		
/ / //	e and complete to the best of the Name of the left. **TITLE** Engineering Assistant**	DATE		

^{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.