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. 30-015-31335
5. Indicate Type of Lease STATE ✓ FEE
6. State Oil / Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name: REMUDA BASIN STATE

1. Type of Well: OIL WELL ✓ GAS WELL — OTHER
8. Well No. 5
2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.
9. Pool Name or Wildcat: NASH DRAW DELAWARE
3. Address of Operator: 205 E. Bender, HOBBS, NM 88240
4. Well Location
Unit Letter D : 330 Feet From The NORTH Line and 990 Feet From The WEST Line
Section 19 Township 23-S Range 30-E NMPM EDDY COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3025'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK —	PLUG AND ABANDON —	REMEDIAL WORK —	ALTERING CASING —
TEMPORARILY ABANDON —	CHANGE PLANS —	COMMENCE DRILLING OPERATION —	PLUG AND ABANDONMENT —
PULL OR ALTER CASING —		CASING TEST AND CEMENT JOB —	
OTHER:		OTHER: SPUD & SURFACE CASING ✓	

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.

12-25-00/1-02-01: RIGGING UP 12-24-00.MIX SPUD MUD. DRLG 40-232,409. RAN 10 JTS 11 3/4" CSG-421'. CIRC CSG.. CMT CSG. WOC 4 HRS. CUT OFF CSG. WELD HEAD ON & TEST SAME TO 500 PSI. NUBOP.DRLG CMT & TAG CMT @ 370'. DRLG 409-443,570,579,664,802,1145,1640, 1798,1938,2140,2615,2993,3184.

WOC is 18 hours

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

SIGNATURE J Denise Leake TITLE Engineering Assistant DATE 1/3/01

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) For Record Only

APPROVED JUL 05 2001

BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0