

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division
811 S. 1st Street
Artesia, NM 88210-2834
FORM APPROVED
2016-2017 NM 1004-0135
Expires: March 31, 1993

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC. ✓
3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0405
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 1650' Feet From The SOUTH Line and 1650' Feet From The
WEST Line Section 33 Township 24-S Range 26-E
5. Lease Designation and Serial No. NM0441951
6. If Indian, Alottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and Number WHITE CITY COM UNIT 2
9. API Well No. 30 015-31384
10. Field and Pool, Exploratory Area WHITE CITY PENN (GAS)
11. County or Parish, State EDDY ,

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

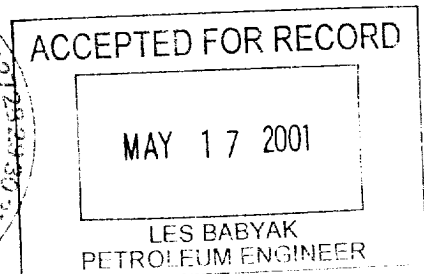
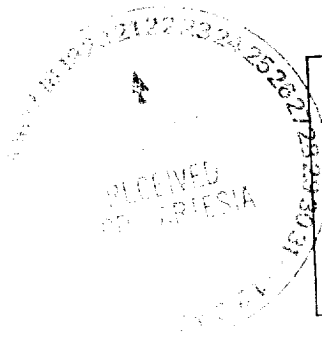
TYPE OF ACTION

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Attaching Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: PRODUCTION CSG (Jin)	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

2-06-01/2-07-01: RAN 4 1/2" LINER & LINER HANGER. RUN LINER ON 3 1/2" DP. TOP HANGER @ 8025. CMT LINER W/450 SX CL H W/7% D065, 2.3 GPS D600, .05 GPS M045, .02 GPS D801. RIG DOWN. & PULL 10 STANDS DP. CIRC 37 SX CMT. LD DP. TIH WDP & DC'S. NDBOP. CHANGE RAMS. RELEASE RIG 2-06-01.



14. I hereby certify that the foregoing is true and correct

SIGNATURE *J. Denise Leake* TITLE Engineering Assistant DATE 2/8/01

TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL IF ANY: TITLE DATE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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BUREAU OF LAND NGMT
FOUNDED OFFICE

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