

CLSF
Dr

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.	30-015-31402
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	REMUDA BASIN '31' STATE
8. Well No.	3
9. Pool Name or Wildcat	FORTY NINER RIDGE DELAWARE, SOUTHWEST

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 PERMIT (FORM C-101) FOR SUCH PROPOSALS.	
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter F : 1980 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 31 Township 23-S Range 30-E NMPM EDDY COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	3127 GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPERATION
OTHER:	PLUG AND ABANDONMENT
	CASING TEST AND CEMENT JOB
	OTHER: <input checked="" type="checkbox"/> 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.

12-07-00/12-15-00: SPUD @ 2300 HRS 12-07-00. DRILLING 175-300,409. RUN 10 JTS 11.75" 42# H-40 ST&C CSG SET @ 409'. CMT W/400 SX CL C. PLUG DOWN 18:30 HRS. WOC 4.5 HRS. RUN 1" PIPE. CMT W/130 SX CL C +n 3% SI. CMT TO SURF. WOC 5 HRS. CUT OFF CSG. WELD ON HEAD. TEST BOP TO 1000 PSI-OK. TEST CSG & PIPE RAMS. DRILL BAFFEL PLATE @ 30' CMT. DRILL 15' CMT & SHOE. DRILL 408-426,450,912,1350,1368,1775,1824,2014,2294,2327,2794,2918,3044,3168,3262,3327.

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 12/16/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____

DATE _____

MAY 02 2001