Submit 3 copies to Appropriate District Office

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

State of New Mexico
ergy, Minerals and Natural Resources Departmer

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

C150 Op

Form C-103
Revised 1-1-89

WELL API NO.
30-015-31402

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 '31' STATE

1. Type of Well: OIL WELL ✓ GAS WELL OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.
3

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat
FORTY NINER RIDGE DELAWARE, SOUTHWEST

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		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: PRODUCTION 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.

12-23-00/12-24-00: RUN 5 1/2" CSG. WSH TO BTM & CIRC. OPEN DV TOOL & CIRC CMT OUT. CMT W/1000 SX 50/50 POZ 2% D20, 5% D44, & 800 SX 35/65 POZ & 100 SX CL H NEAT. CIRC 255 SX TO SURF. TAG CMT @ 3757'. TOP OF CMT @ 3380'. NDBOPS & NU TBG HEAD. RIG RELEASED @ 1730 PM

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 12/25/00

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY: TITLE DATE MAY 02 2001

DeSoto/Nichols 12-93 Ver 1.0