Submit 3 copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F

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. 30-01531511

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 24 STATE

1. Type of Well: OIL WELL ☐ GAS WELL ☑ OTHER

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

8. Well No. 1

3. Address of Operator: PO BOX 3109, MIDLAND, TX 79702

9. Pool Name or Wildcat: WILDCAT REMUDA: WOLFCAMP GAS

4. Well Location
Unit Letter N : 750 Feet From The SOUTH Line and 1900 Feet From The WEST Line
Section 24 Township 23-S Range 29-E NMPM EDDY COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3035'

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.

5-27-01/ 6-02-01: SPUD 17.5 HLE @ 0900 HRS 5-27-01. DRLG 40-256,404. TD @ 1800 HRS. RAN 10 JTS 13 3/8" 48# H-40 ST&C & SET @ 387'. CMT W/520 SX CL C. CIRC 100 SX CMT. DRLG 516,731,1170,1612,1644,2058,2160,2501,2660,2690,2900,3006.

RECEIVED OCD ARTESIA

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 6/3/01

Telephone No. 915-688-4752

TYPE OR PRINT NAME J. Denise Leake

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE OCT 08 2001

CONDITIONS OF APPROVAL, IF ANY:

Note wcc Tim

DeSoto/Nichols 12-93 ver 1.0