

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.

7. Lease Name or Unit Agreement Name
REMUDA BASIN 24 STATE

8. Well No. 1

9. Pool Name or Wildcat
WILDCAT REMUDA: WOLFCAMP GAS

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

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.

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

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:

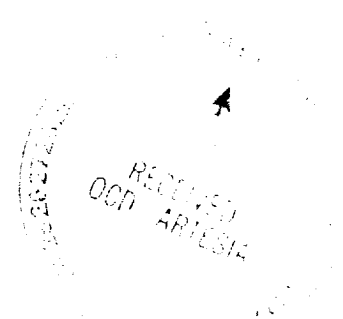
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.



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
TYPE OR PRINT NAME J. Denise Leake Telephone No. 915-688-4752

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

DATE

Note Wcc Tim