State of New Mexico y, Minerals and Natural Resources Department

Form C-103 C	γ
Revised 1-1-89	IJ,

District Office	æ
DISTRICT	ı

P.O. Box 1980, Hobbs, NM 88240

NOTICE OF INTENTION TO:

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PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

work) SEE RULE 1103.

PLUG AND ABANDON

CHANGE PLANS

OIL CONSERVATION DIVISION WELL API NO.

DISTRICT II	P.O. Box 2088	30-015-26363
P.O. Box Drawer DD, Artesia, NM 88	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
<u>DISTRICT III</u>		6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 874	410	E-5229
(DO NOT USE THIS FORM FOR DIFFERENT I	Y NOTICES AND REPORTS ON WELL R PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A RESERVOIR. USE "APPLICATION FOR PERMIT ORM 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 TEXAC	CO EXPLORATION & PRODUCTION INC.	8. Well No.
3. Address of Operator P.O. B	ox 3109, Midland Texas 79702	9. Pool Name or Wildcat WILDCAT: BRUSHY CANYON, BONE SPRING
4. Well Location		
Unit LetterM	; 660 Feet From The SOUTH Line and 660	Feet From TheLine
Section 31	Township <u>23-S</u> Range <u>30-E</u> NM	PMEDDY COUNTY
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3176'	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		

 \boxtimes **EXTEND DRILLING PERMIT** OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

REMEDIAL WORK

COMMENCE DRILLING OPERATION

CASING TEST AND CEMENT JOB

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE SEPTEMBER 7, 1995 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX MONTHS.

3/1/96

RECEIVED

SUBSEQUENT REPORT OF:

ALTERING CASING

PLUG AND ABANDONMENT

/NG 14185

ON. COM DEL নালেক হ

Thereby cartify that the information above in true and complete to the lifet of my incovings and heliof. SIGNATURE	stant DATE 8/11/95
TYPE OR PRINT NAME C. Wade Howard	Telephone No. 688-4606
APPROVED BYDISTRICT IN SUPERVISOR TITLE	DATE AU 6 1 7 1995

CONDITIONS OF APPROVAL, IF ANY:

DeSataRéchale 10-94 ver 2.0