

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Department of Minerals and Natural Resources

Form C-103
Revised 1-1-89

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.	30-015-28389
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	E-5229
7. Lease Name or Unit Agreement Name	REMUDA BASIN STATE
8. Well No.	16
9. Pool Name or Wildcat	WILDCAT: BRUSHY CANYON, BONE SPRING

SUNDRY NOTICES AND REPORTS ON WELL
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT
(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
P.O. Box 3109, Midland Texas 79702

4. Well Location
Unit Letter L : 1680 Feet From The SOUTH Line and 660 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.) 3198'

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: EXTEND DRILLING PERMIT ☒

SUBSEQUENT REPORT OF:

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

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.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE MARCH 8, 1996 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX MONTHS.

PERMIT EXPIRES 9/8/96
UNLESS DRILLING UNDERWAY

RECEIVED
FEB 10 1996
OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. Wade Howard TITLE Eng. Assistant DATE 2/5/96

TYPE OR PRINT NAME C. Wade Howard Telephone No. 688-4606

(This space for State use) ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY LEWIS H. SUPERVISOR TITLE DATE FEB 12 1996

CONDITIONS OF APPROVAL, IF ANY: