Submit 3 copies

State of New Mexico _/, Minerals and Natural Resources Department

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Form C-103	
Revised 1-1-	eo.

FEE 📗

to Appr	opnate
to Appr District	Office

DISTRICT L P.O. Box 1980, Hobbs, NM 88240

DISTRICT IL

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

4. Well Location

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-28421

Indicate Type of Let STATE 🔯

State Oil / Gas Lease No.

E-5229

5

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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT **REMUDA BASIN '19' STATE** (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:

GAS WELL **OTHER**

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

3. Address of Operator P.O. Box 3109, Midland Texas 79702

 \boxtimes

e__

WELL

Lot 2

1980

Township.

Feet From The NORTH Line and 660

Range 30-E

NMPM .

8. Well No.

EDDY_COUNTY

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

3013

9. Pool Name or Wildcal

Feet From The WEST

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF I	NTENTIC	ON TO:		SUBSE	QUE	NT REPORT OF:	
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	ī	CHANGE PLANS		COMMENCE DRILLING OPERATIO	M 🔲	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	$\overline{\Box}$			CASING TEST AND CEMENT JOB			
OTHER:	EXTEND DE	RILLING PERMIT	\boxtimes	OTHER:			_ 🗆

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE SEPTEMBER 30, 1995 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL SIX MONTHS.

RECEIVED

AUG 1 6 1995

OIL CON. DIV. DIST. 2

I hereby certify that the information above is true an SIGNATURE		DATE <u>8/15/95</u>
TYPE OR PRINT NAME C. Wade Howard		Telephone No. 688-4606
(This spece for State Use) ARREDOVED BY	SIGNED BY TIM W. GUM	DATE AUG 1 7 1995

CONDITIONS OF APPROVAL, IF ANY: TITLE

DeSctaffichals 10-94 ver 2.0

^{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.