

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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.

30-015-28957

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

E-5229

7. Lease Name or Unit Agreement Name

REMUDA BASIN '19' STATE SWD

8. Well No.

1

9. Pool Name or Wildcat

UNDESIGNATED BELL CANYON

SUNDY 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 SALT WATER DISPOSAL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location

Unit Letter F : 1400 Feet From The NORTH Line and 2500 Feet From The WEST Line

Section 19 Township 23-S Range 30-E NMPM Eddy ~~Lin~~ COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3058'

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: ☐

CHANGE OF LOCATION ☒

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.

THIS WELL WAS MOVED 1225' NORTH AND 1000' EAST AT THE REQUEST OF THE OFFSET OPERATOR.

Post ID-1
5-17-96
Armed Ety.

RECEIVED

MAY - 3 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 4/30/96

TYPE OR PRINT NAME C. Wade Howard

Telephone No. 688-4606

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

APPROVED BY DISTRICT II SUPERVISOR

TITLE

DATE MAY 9 1996

CONDITIONS OF APPROVAL, IF ANY: