## Submit 3 copies to Appropriate District Office

## State of New Medo

Fig., or Miner	als and Natu	ral Resource	s Department

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dst	Revised 1-1

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DISTRICT I OIL CONSERVATION DIVIS	SION WELL API NO.			
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-015-28957			
DISTRICT II Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NM 88210	STATE STATE			
DISTRICT III	6. State Oil / Gas Lease No.			
1000 Rio Brazos Rd., Aztec, NM 87410	E-5229			
SUNDRY NOTICES AND REPORTS ON WELL	KTOA E			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT				
(FORM C-101) FOR SUCH PROPOSALS.)	REMUDA BASIN '19' STATE SWD			
1. Type of Well: OIL GAS OTHER SALT WATER DISPOSAL				
2. Name of Operator	8. Well No.			
TEXACO EXPLORATION & PRODUCTION INC.	1			
3. Address of Operator P.O. Roy 3100 Midland Tayes 70702	9. Pool Name or Wildcat			
3. Address of Operator P.O. Box 3109, Midland Texas 79702	UNDESIGNATED BELL CANYON			
4. Well Location	TOO SUATERN THE MICH			
Unit Letter <u>F : 1400</u> Feet From The <u>NORTH</u> Line and <u>2</u>	500 Feet From The WEST Line			
Section 19 Township 23-S Range 30-E	NMPMEddyLEAT_ COUNTY			
10. Elevation (Show whether DF, RKB, RT,GR, etc.)				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
THE AND ARABDON TO BENEDIAL WOL				
PENS-OHM NEMEDIAL WORK				
TEMPORARILY ABANDON				
PULL OR ALTER CASING CASING CASING TEST A	AND CEMENT JOB			
OTHER: CHANGE OF LOCATION OTHER:				
OTHER: CHANGE OF LOCATION OTHER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and given any proposed work) SEE RULE 1103.	ve pertinent dates, including estimated date of starting			
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OTHER: CHANGE OF LOCATION OTHER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and given any proposed work) SEE RULE 1103.	ve pertinent dates, including estimated date of starting  SET OPERATOR.  Port ID-1 5-17-96			
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RECEIVED

MAY - 3 1996

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is	true and complete to the light of my knowledge and ballel.	
SIGNATURE C. NO	M. Herman TITLE Eng. Assistant	DATE
TYPE OR PRINT NAME	C. Wade Howard	Telephone No. 688-4606
(This space for State Uses ORIGINA APPROVED BY DISTRICT	L SIGNED BY TIM W. GUM FII SUPERVISOR TITLE	MAY 9 1996