State of New Marian	
ubmit 3 copies State of New Mexico ∞ Appropitate Energ verals and Natural Resources Department District Office	Form C-103
DISTRICT I OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	30-015-28957
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE FEE
DISTRICT III	6. State Oil / Gas Lease No.
1000 Rio Brazos Rd., Aztec, NM 87410	B-1306
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.)	7. Lease Name or Unit Agreement Name REMUDA BASIN STATE SWD
1. Type of Well: OIL GAS WELL OTHER SWD	
	8. Well No. 1
3. Address of Operator 205 E. Bender, HOBBS, NM 88240	9. Pool Name or Wildcat UNDESIGNATED
4. Well Location	
Unit LetterF :1400 Feet From TheNORTH _Line and _2500	
Section <u>19</u> Township <u>23-S</u> Range <u>30-E</u> NI 10. Elevation (Show whether DF, RKB, RT,GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report	
PULL OR ALTER CASING CASING TEST AND CEME OTHER: OTHER:	
 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. Effective 5/1/96, Texaco Exploration and Production Inc. requests a property name change on the above well from Remuda Basin "19" State SWD #1 	
to Remuda Basin State SWD #1. This well has not yet been drilled.	
OLD NAME: Remuda Basin "19" State SWD #1	
NEW NAME: Remuda Basin State SWD #1	RECEIVED shy well no
	RECEIVED My well ma
	May - 8 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.	
I hereby certify that the information above is true and complete to the best of my knowledge and best. SIGNATURE	DATE <u>5/7/96</u>
TYPE OR PRINT NAME Monte C. Duncan	Telephone No. 397-0418
(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:	DeSoto/Nichols 12-93 ver 1.0

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