

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-045-28429
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E5382
7. Lease Name or Unit Agreement Name WAYNE MOORE COM
8. Well No. 2
9. Pool name or Wildcat BASIN FRUITLAND COAL

SUNDRY NOTICES AND REPORTS ON WELLS
(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 AND PRODUCTION INC.
3. Address of Operator P. O. Box 3109 Midland, Texas 79702
4. Well Location Unit Letter M : 1265 Feet From The SOUTH Line and 790 Feet From The WEST Line Section 16 Township 31-NORTH Range 9-WEST NMPM SAN JUAN County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-6485', KB-6498'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: COMPLETION ☒

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.

1. MIRU POOL COMPLETION UNIT. CLEAN OUT 7 inch CASING. TESTED CASING TO 1500# FOR 30 MINUTES FROM 3:00 TO 3:30pm 10-6-92.
2. DRILLED 6 1/4 HOLE TO 3315'. TD @ 7:30pm 10-6-92.
3. BLOW AND CLEAN HOLE. JOB COMPLETE 11-27-92. TOTAL OF 20 DAYS.
4. TESTED WELL AT 3.025 MMCFD ON 11-25-92.
5. TH WITH 2 7/8 TUBING AND PACKER. SET PACKER @ 3088'.
6. HOOKING UP TEST FACILITIES.

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

SIGNATURE C.P. Basham / cwb TITLE DRILLING OPERATIONS MANAGER DATE 12-01-92

TELEPHONE NO. 915-6884620

TYPE OR PRINT NAME C. P. BASHAM

(This space for State Use)

APPROVED BY Original Signed by CHARLES OS LION DATE DEC 03 1992

CONDITIONS OF APPROVAL, IF ANY: