Submit 3 copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-28353	
5. Indicate Type of Lease STATE ☐ FEE ☒	
6. State Oil / Gas Lease No.	
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 HARROUN '5' FED. COM
1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER	
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 1
3. Address of Operator P.O. Box 3109, Midland Texas 79702	9. Pool Name or Wildcat WILDCAT
4. Well Location Unit Letter F : 1656 Feet From The NORTH Line and 1980 Feet From The WEST Line	
Section 5 Township 24-S Range 29-E NMPM EDDY COUNTY	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2949'	

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPERATION	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER: EXTEND DRILLING PERMIT	☒			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.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE SPUDDED BEFORE THE AUGUST 27, 1996 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT FOR AN ADDITIONAL ONE YEAR.

APPROVAL VALID FOR 180 DAYS UNLESS DRILLING UNDERWAY
EXPIRES 8/27/97

RECEIVED
JUL 22 1996
OIL CONS. DIV.
DIST. 2

EXPIRED 5-1-2002

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 7/19/96

TYPE OR PRINT NAME C. Wade Howard Telephone No. 688-4606

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

APPROVED BY _____ TITLE _____ DATE JUL 29 1996

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 10-94 ver 2.0