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## State of New Mexico

Form C 103Cl

District Office	L gy, milierals alid Na	itural Resources Department		Revised 1-1-89
DISTRICT I	OIL CONSERV	ATION DIVISION	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240		ox 2088	30-015-30	1162
DISTRICT II	Santa Ee New	Mexico 87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88210	) Canta i c, iicii	WEXIEG 07 004-2000		ATE FEE
DISTRICT III			6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 87410	TIOSO ALID DEDODTO O			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.			7. Lease Name or Unit Agree TEXMACK 2 STATE COM	
1. Type of Well: OIL GAS WELL WEI				
Name of Operator     TEXACO EX	(PLORATION & PRODUCTION	ON INC.	8. Well No.	
Address of Operator P.O. Box 21	100, Denver Colorado 80201		9. Pool Name or Wildcat FREN	
4. Well Location			T I I I	
Unit LetterO:	660 Feet From The	SOUTH Line and 1650'	Feet From The _EAST_	Line
Section 2	Township 17-S	Range 31-E N	MPM EDI	DY COUNTY
	10. Elevation (Show whether	DF, RKB, RT,GR, etc.)		
11. Check A	oppropriate Box to Indica	ate Nature of Notice, Report	t, or Other Data	
NOTICE OF INTENTION		•	UBSEQUENT REPO	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING C	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:			OTHER: INTERMEDIATE CASING	
<ol> <li>Describe Proposed or Completed O proposed work) SEE RULE 1103.</li> </ol>	perations (Clearly state all pe	rtinent details, and give pertinent o	dates, including estimated da	ate of starting any
<ol> <li>DRILLED 11 INCH HOLE TO 448</li> <li>RAN 101 JOINTS OF 8.625 INCH</li> <li>DOWELL CEMENTED WITH 148: PLUG DOWN @ 9:30 AM 05-29-9</li> <li>NU BOP &amp; TESTED TO 1500#. T</li> <li>WOC TIME 57 HOURS FROM 9: 0 DRILLING 7.5 INCH HOLE.</li> </ol>	I, 32#, WC-50, STC CASING 2 SACKS 35/65 CLASS H W/ 98. CIRCULATED 47 BBLS. ESTED CASING TO 1500# F	6% GEL, 5% SALT (12.8 PPG, 1 FOR 30 MINUTES FROM 6:30 PM	1.94 CF/S). F/B 527 SACKS	CLASS H NEAT.
			the state of the s	

I hereby certify that the information above is true and cor SIGNATURE C.P. Box		ant. DATE	6/3/98
TYPE OR PRINT NAME	Sheilla D. Reed-High	Telephone N	(303)793-4851
(This space for State Use)	Sim W. Sum	n. + · 1 - 1 isand	
APPROVED	Jun W. Sum	District Supervisor	
CONDITIONS OF ADDROVAL IS ANY	TITI F	DATE	: 6-19-98