

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-33816

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  
UNITED ROYALTY 'A'

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.  
6

3. Address of Operator  
P.O. Box 3109, Midland Texas 79702

9. Pool Name or Wildcat  
WILDCAT

4. Well Location

Unit Letter K : 2311 Feet From The SOUTH Line and 1646 Feet From The WEST Line

Section 19 Township 24-S Range 38-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3159

11.

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☒

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

CHANGE OF LOCATION FROM PREVIOUS LOCATION OF 2080' FSL, 1880' FWL UNIT K, SECTION 19, T24S, R38E LEA COUNTY

NO CHANGES IN CEMENTING OR CASING PROGRAM.

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

SIGNATURE Chester Kaup TITLE Technician

DATE 10/17/97

TYPE OR PRINT NAME Chester Kaup

Telephone No. 688-4606

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE NOV 4 1997

CONDITIONS OF APPROVAL, IF ANY:

P.O. Box 2089, Santa Fe, NM 87504-2089

☐ AMENDED REPORT

Amended 1st