(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

State of New Mexico

y, Minerals and Natural Resources Department

Form C-103

DISTRICT !		•		rised 1-1-8
DISTRICT I	OIL CONSERV	ATION DIVISIO	WELL API NO.	
P.O. Box 1980, Hobbs, NM 88240	P.O. Bo	ox 2088	30-025-34272	
DISTRICT II	Conto En Mauri	Mexico 87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM 88 DISTRICT III	3210		STATE 🔀	FEE
1000 Rio Brazos Rd., Aztec, NM 874	110		6. State Oil / Gas Lease No.	· = · -
	NOTICES AND REPORTS OF	JIMELLO		
(DO NOT USE THIS FORM FOR I	7. Lease Name or Unit Agreement Name			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.			ANDERSON RANCH UNIT	
1. Type of Well: OIL	GAS —	ALS.		
	WELL OTHER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 201	
3. Address of Operator P.O. Box	c 2100, Denver Colorado 80201		9. Pool Name or Wildcat	
4. Well Location			DEVONIAN/MORROW/WOLFCA	.M
Unit Letter E:	1488 Feet From The	NORTH Line and 1310	Feet From The WEST Line	
Section 14	Township 16-S	Range 32-E	NMPM LEA COUNT	Υ
	10. Elevation (Show whether D	F, RKB, RT,GR, etc.)	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
11. Checl	k Appropriate Box to Indicat	te Nature of Notice, Rep	ort, or Other Data	***************************************
NOTICE OF INTEN			SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	-	_
_	CHANGE PLANS		ALTERING CASING	
TEMPORARILY ABANDON	OHARGE FEARS	COMMENCE DRILLING	<u> </u>	۱۱ <u> </u>
PULL OR ALTER CASING		CASING TEST AND CE		_
OTHER:		OTHER:	INTERMEDIATE CASING	\boxtimes
 DRILLED 11 INCH HOLE TO 4 RAN 103 JOINTS OF 8 5/8 INC DOWELL CEMENTED W/ 1608 CLASS 50/50 POZ CLASS H N NU BOP AND TESTED TO 100 	490'. 03-05-98. CH , 32# HCK-55, LTC CASING S 3 SACKS 35/65 POZ CLASS H W	ET @ 4490'. / 6% GEL, 5% SALT, 1/4# FL i, 1.35 CF/S). PLUG DOWN @ FOR 30 MINUTES FROM 5*	nt dates, including estimated date of starting OCELE (12.4 PPG, 2.14 CF/S). F/B 402 SA 할 4:30 PM 04-05-98. CIRCULATED 52 SAC IS PM TO 5:45 PM 03-07-98.	ACKS
	•			
I hereby certify that the information above is true and com				
SIGNATURE C.P. Gas	ham (SIZH) TITLE_	Eng. Assistant.	DATE 3/12/98	
TYPE OR PRINT NAME	Sheilla D. Reed-High		Telephone No. (303)7	793-4851

TITLE

DATE

DeSoto/Nichols 10-94 ver 2.0

ORIGINAL SIGNED BY