Submit 3 copies to Appropriate

State of New Mexico

District Office	gy, Minerals and Na	atural Resources Department		1 C-103
<u>DISTRICT I</u>	OII COMPEDI	ATION DIVISION	Revis	sed 1-1-89
P.O. Box 1980, Hobbs, NM 88240		ATION DIVISION	WELL API NO.	
DISTRICT II		sox 2088	30-025-34272	
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New	Mexico 87504-2088	5. Indicate Type of Lease	**
DISTRICT III			STATE 🔀	FEE 🔲
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.	— — —
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 Agreement Name ANDERSON RANCH UNIT	
1. Type of Well: OIL GAS WELL WELL			THE PROPERTY OF THE PROPERTY O	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No. 201	
Address of Operator P.O. Box 2100, Denver Colorado 80201			9. Pool Name or Wildcat	
4. Well Location			DEVONIAN/MORROW/WOLFCAM	
Unit Letter E:	1488 Feet From The	NORTH Line and 1310	Feet From The _WEST Line	
Section 14	Township 16-S	Range 32-E NM		
The second second second second	10. Elevation (Show whether D		LEA COUNTY	
11. Check Ap	<u> </u>			
NOTION OF BUTTONES	highliate Box to Indicat	te Nature of Notice, Report,	or Other Data	
NOTICE OF INTENTION TO			JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE		닏
PULL OR ALTER CASING		CASING TEST AND CEMEN	L	Ш
OTHER:		OTHER:	SPUD, SURFACE CASING	_
Describe Proposed or Completed Oper proposed work) SEE RULE 1103.	ations (Clearly state all perti			iny 🖂
 NABORS RIG #722 SPUD 14.75 INC RAN 12 JOINTS OF 11.75 INCH, 424 DOWELL CEMENTED WITH 300 SA W/ 2% CACL2 (14.8 PPG, 1.34 CF/S 	#, WC-40, STC CASING SE CKS CLASS C W/ 2% GEL	T @ 539'. - 2% CACL2 (13 5 BBC - 4 74 05)	S). F/B 150 SACKS CLASS C	

- 4. NU BOP & TESTED TO 500#. TESTED CASING TO 1000# FOR 30 MINUTES FROM 6:00 AM TO 6:30 AM 02-23-98.

 WOC TIME 23 HOURS AND 45 MINUTES FROM 6:45 AM 02-22-98 TO 6:30 AM 02-23-98.

I hereby certify that the information above is true and cor	nplete to the best of my knowledge and belief.		
SIGNATURE C.P. 3a	ham SR H TITLE Eng. Assistant.	DATE	2/26/98
TYPE OR PRINT NAME	Sheilla D. Reed-High	Telephone No.	(303)793-4851
(This space for State Use)	ORIGINAL SIGNED BY		
APPROVED	GARY WINK		A.
CONDITIONS OF APPROVAL, IF ANY:	FIELD REP. H. TITLE	DATE	
		DeSoto/Michael	10.04 2.0