State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-34662

5. Indicate Type of Lease
STATE ✓   FEE

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 PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name
GREEN STAR 14 STATE COM

1. Type of Well: OIL WELL ☐   GAS WELL ☑   OTHER   NEW DRILL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

8. Well No.
1

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

9. Pool Name or Wildcat
ANDERSON RANCH WOLFCAMP

4. Well Location

Unit Letter ___N___ : ___660___ Feet From The __SOUTH__ Line and __2310__ Feet From The __WEST__ Line

Section __14__   Township __16-S__   Range __32-E__   NMPM   __LEA__ COUNTY

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

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: ___NEW DRILL SPUD REPORT___ ☑

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.

8-31-99: SPUD @ 1:00 PM 8-30-99. DRILLING 40' TO 576'. RUN CSG, GUIDE SHOE, 1 JT 11¾", 12 JTS 11 3/4" 42# H40 STC. CMT SURF W/100 SX CL C 4% GEL, 2% CACL, @ 13.5 PPG. TAIL W/250 SX CL C 2% CACL, @ 14.8 PPG. CIRC 32 SX TO SURF. PLUG DOWN @ 2:15 AM.

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

SIGNATURE _J. Denise Leake_   TITLE Engineering Assistant   DATE 9/1/99

TYPE OR PRINT NAME   J. Denise Leake   Telephone No. 397-0405

(This space for State Use)

APPROVED

BY _____   TITLE _____   DATE _____

FEB 17 2000

CONDITIONS OF APPROVAL, IF ANY:

DeSoto/Nichols 12-93 ver 1.0