

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.	30-025-34723
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	TEXMACK 'S' STATE COM
8. Well No.	1
9. Pool Name or Wildcat	WILDCAT/MORROW
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4346' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter R : 1980 Feet From The SOUTH Line and 1500 Feet From The EAST Line
Section 5 Township 16-S Range 32-E NMPM LEA COUNTY

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: CHANGE TOTAL DEPTH TO 13,500' ☒

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 TOTAL DEPTH FROM 12,950' TO 13,500'.

SETTING DEPTH FOR 5 1/2" PRODUCTION CASING WILL BE 13,500'.

CEMENTING FOR PRODUCTION CASING: 1370 SACKS 50/50 POZ CLASS H w/2% GEL, 5% SALT, 1/4# FC (14.2 PPG, 1.35 CF/S, 6.3 GW/S). F/B 750 SACKS 35/65 POZ CLASS H w/6% GEL, 5% SALT, 1/4# FC (12.4 PPG, 2.14 CF/S, 11.9 GW/S). F/B 300 SACKS 50/50 POZ CLASS H w/2% GEL, 5% SALT, 1/4# FC (14.2 PPG, 1.35 CF/S, 6.3 GW/S).

VERBALLY APPROVED BY MR. PAUL KAUTZ ON MARCH 7, 2000.

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

SIGNATURE A. Phil Ryan TITLE Commission Coordinator DATE 3/7/2000

TYPE OR PRINT NAME A. Phil Ryan Telephone No. 688-4606

(This space for State Use)

APPROVED BY APPROVAL SIGNED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

