

WELL API NO. 30-025-35110

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil / Gas Lease No.

5. Indicate Type of Lease

STATE	<input checked="" type="checkbox"/>	FEE	<input type="checkbox"/>
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6. State Oil / Gas Lease No.

1000 Rio Brazos Rd., Aztec, NM 87410

7. Lease Name or Unit Agreement Name  
TEXMACK 5 STATE

8. Well No. 2

9. Pool Name or Wildcat  
ANDERSON RANCH GRAYBURG WEST

Feet From The EAST Line

MPM \_\_\_\_\_ LEA COUNTY

4. Well Location

Unit Letter O : 990 Feet From The SOUTH Line and 1980 Feet From The EAST Line

Section 5 Township 16-S Range 32-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4347'

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

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	COMMENCE DRILLING OPERATION	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>			CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>			OTHER:	<input type="checkbox"/>	SPUD & SURFACE CASING	<input checked="" type="checkbox"/>

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.

8-16-00/8-24-00: MIRU & SPUD HLE 8-16-00. DRILL FR 0-291,448,550. RUN 13 JTS 11 3/4" 42# H40 CSG SHOE @ 550 IF @ 505. CMT W/DSS 250 SX. CIRC 3 SX. WOC 4 HRS. TEST CSG. DRILLING FR 550-878,1347,1650,1821,2259,2528,2758,2760,2816,3257,3285,3667,3725,3800.

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

SIGNATURE *(Signature)* TITLE Engineering Assistant DATE 8/25/00

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

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TIDLE

DATE \_\_\_\_\_

DeSoto/Nichols 12-93 ver 1.0