

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.

3002503087

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

542990

SUNDRY NOTICES AND REPORTS ON WELL
(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 INJECTION

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter I : 1650 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 6 Township 18S Range 35E 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: ☒ PERFORMED MIT & RETURNED TO TA STATUS

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.

12-02-97

1. Notified NMOCD. Tested csg from surface to CIBP set @ 8020' as per NMOCD guidelines to 500# for 30 mins.

2. Returned to TA status.

(ORIGINAL CHART OR COPY OF CHART ON BACK)

(INTERNAL TEPI STATUS: TA)

THIS APPROVAL IS VALID UNTIL 1/15/2003

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 1/5/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCISC6

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