## State of New Mexico

Submit 3 copies to Appropriate District Office		Ener /linerals	and Natural Re	esources Department				C-103 sed 1-1-89	
DISTRICT I		OIL CONSI	ERVATIO	ON DIVISION	WELL API NO	<del></del>			
P.O. Box 1980, Hobbs, NM			P.O. Box 208		WELL API NO	30-025-34788			
DISTRICT II	- NM 00040			87504-2088	5. Indicate Ty				
P.O. Box Drawer DD, Artesia DISTRICT III	a, NM 88210	· - · - · - · · - · · · · · · · ·				STATE	<b>✓</b>	FEE	
1000 Rio Brazos Rd., Aztec,	NM 87410				6. State Oil / 0	Sas Lease No.			
		CES AND REPO	RTS ON WEL	LS			and the second		
(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 NEW MEXICO EA STATE			
Type of Well: OIL WELL	GAS WELL	OTHER							
Name of Operator     TEXACO EXPLORATION & PRODUCTION INC.						8. Well No.			
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						or Wildcat  BLINEBRY			
4. Well Location				HOI	bs Upp	BLINEBRY		<del></del>	
Unit Letter	_A:	410 Feet Fro	m The NORT	H Line and 610	Feet From	The EAST	_Line		
Section 24		Township 18S	R	ange37EN	ИРМ	LEA	COUNTY	,	
		10. Elevation (Show v	whether DF, RKB,	RT,GR, etc.) 3672'	····				
11.	Check App	propriate Box to	Indicate Nat	ure of Notice, Report	, or Other D	ata			
NOTICE OF	INTENTIO	N TO:		SI	JBSEQUE	NT REPORT	OF:		
PERFORM REMEDIAL WOR	к 🗇 🤚	LUG AND ABANDON		REMEDIAL WORK	<b>~</b>	ALTERING CASIN	IG		
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OP	ERATION 🗌	PLUG AND ABANI	DONMENT	r 🗀	
PULL OR ALTER CASING				CASING TEST AND CEMEI	NT JOB				
OTHER:				OTHER:	REQUES	T TA STATUS		<b>Y</b>	
proposed work) SEE RU 6-12-00: ,MIRU. ATTEMP 2% KCL WTR. KILL W/30 B W/CMT BAILER &N DUMP 6-14-00: TIH W/TBG TO 5 NUWH. SET SUB IN WRAI	T TO UNSET P BBLS 2% KCL <sup>-1</sup> 35' CMT ON 1 965'. CIRC W/ <sup>-</sup>	WTR. TIH W/GAUG TOP OF CIBP IN 2 F I 20 BBLS PKR FLU	E RING TO 620 RUNS. RDWL. 1 ID. TEST CSG	00'.L TIH W/CIVP &n SET FIH W/TBG OPEN ENDED & CIBP TO 550# & CHAR	@ 6018' (50' / TO 4997'. T FOR NMOC	ABOVE TOP PERI D FOR 30 MINS.	F @ 6068 NDBOP.	3'). TIH	
FINAL REPORT									
(INTERNAL STATU	JS IS ASD-RFC	}							
	0			is Approval of Sadumont Expir	Temporar 35	8/28/	1 200 -	5	
I hereby certify that the information above	is tree and complete to t	he best of my knowledge and b							
SIGNATURE ( J.C	yense	veure.	TITLE Engir	eering Assistant		DATE 6/	/29/00		
TYPE OR PRINT NAME	) 	enise Leake				Telephone No.	397-040	)5 	
(This space for State Use)		,		<u></u>					
APPROVED		Ü				risa. Kanada sa ka			
BYNDITIONS OF APPROVAL	IF ANY:	TITLE	•		DATE	DeSoto/Nichols 12	2-93 ver 1.0		