·gy, Minerals and Natural Resources Department

Submit 3 copies to Appropriate District Office DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION WELL API NO.

DISTRICT II	P.O. Box 2088	30-025-34788
P.O. Box Drawer DD, Artes	sia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III		STATE 🗸 FEE
1000 Rio Brazos Rd., Azte	c, NM 87410	6. State Oil / Gas Lease No.
(DO NOT USE THIS FO	SUNDRY NOTICES AND REPORTS ON WELLS DRM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ERENT RESERVOIR. USE "APPLICATION FOR PERMIT (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	
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.	8. Well No.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240	9. Pool Name or Wildcat
Well Location		WILDCAT DEVONIAN
Unit Letter_	A : 410 Feet From The NORTH Line and 610	Feet From The EAST Line
Section 24	Township. 18S Range 37E	NMPMLEA COUNTY
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3672'	
11.	Check Appropriate Box to Indicate Nature of Notice, Repo	ort, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS	COMMENCE DRILLING OPERATION	4	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	FTT3		CASING TEST AND CEMENT JOB			
OTHER:			OTHER: SP	UD & S	SURFACE CSG	~

12-29-99/12-30-99: MIRU NORTON RIG #411. SPUD WELL @ 2:45 AM, 12/29/99. DRILL TO 105'. DRILLING @ 109'. DRILL TO 114, 140', 415. RU CSG CREW & RUN 10 JTS 11 3/4" 42# H-40 CSG SET @ 415'. FC @ 369'. CENTRALIZED BTM 3 JTS & 7TH JT, FOR TOTAL OF 4 CENTRALIZERS. CIRC CSG. CEMENTED 11 3/4" SURF CSG W/290 SX CL C & 2% S1 & 2% D20 MIXED @ 14.2 PPG, YIELD 1.5 DISPL W/45 BFW. BUMPED PLUG @ 10:20 PM 12/29/99 TO 750 PSI. CHECK FLOAT-HELD,. GOOD CIRC. CIRC 6 BBLS OR 22 SX CMT TO SURF. WOC 3.25 HRS. CUT OFF CSG & WELD ON BRADENHEAD. TEST TO 300 PSI-HELD. NUBOP.

CSG/CMT REPORT ATTACHED.

NOTICE OF INTENTION TO:

SIGNATURE (SIGNATURE (SIGNATURE) TITLE Engineering Assistant	DATE	12/31/99
TYPE OR PRINT NAME J. Denise Leake	Telephone No.	397-0405
(This space for State Use) APPROVED OLIVINATIONS OF APPROVAL IF ANY: TITLE DATE	DaSateAlishate	2000

^{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.