

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.

3002533850

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

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 DHC ORDER #2150

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

7. Lease Name or Unit Agreement Name

NEW MEXICO 'Q' STATE NCT-1

8. Well No.

12

9. Pool Name or Wildcat

VACUUM WOLFCAMP/UPPER PENN

4. Well Location

Unit Letter O : 400 Feet From The SOUTH Line and 1900 Feet From The EAST Line

Section 25 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3998'

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: ☒ DHC Vac Wolfcamp & Upper Penn

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.

THIS SUBSEQUENT REPORT IS FOR THE DHC PERCENTAGE SPLITS FOR THE VACUUM WOLFCAMP AND UPPER PENN:

VACUUM WOLFCAMP = OIL-54% =26
WATER-50% =1.5
GAS-67% =195

UPPER PENN = OIL-46% =22
WATER-50% =1.5
GAS-33% = 96

TOTAL OPT ON 4/28/99: 48 BO, 3 BW, 291 MCF.

FINAL REPORT

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 5/13/99

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY J. Denise Leake TITLE Engineering Assistant

DATE 5/13/99

CONDITIONS OF APPROVAL, IF ANY:

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