

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.

30-025-34943

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER NEW WELL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter 0 : 584 Feet From The SOUTH Line and 1383 Feet From The EAST Line
Section 31 Township 17S Range 35E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3965'

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: ☒ PRODUCTION CSG

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.

4-04-00: TIH W/106 JTS 5 1/2" 15.50# K55 LTC CSG, SET @ 4843'. FC @ 4796'. RAN 8 CENTRALIZERS. PUMP 10 BBL SPACER F/B 600 SX 35/65 POZ H, 6% D20, 5% D44, 25 PPS D29 @ 12.4 PPG WHEN BATCH MIXER FAILER. SWITCHED TO RESERVE TO CIRC SLURRY. CIRC 600 SX LEAD SLURRY TO RESERVE & CIRC THRU STEEL PITS. CMT W/800 SX 35/65 POZ H & 6% D20, 5% D44, .25 PPS D29 @ 12.4 PPG, F/B 150 SX 35/65 POZ H & 1.5 GPS D600, .05 GPS M45, .3% D65, .5% S1, .25 PPS D29 @ 16 PPG. PLUG DOWN @ 6:00 PM MST. CIRC 10 SX TO RESERVE. ND, PU BOP STACK. SET COMPRESSION SLIPS W/70,000 LBS. NU TBG HEAD & JET PITS. REL RIG @ 11:00 PM 4-3-00.

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 4/5/00

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE