

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.

30-025-35039

5. Indicate Type of Lease

STATE

FEE ☒

6. State Oil / Gas Lease No

7. Lease Name or Unit Agreement Name

CAYLOR '6'

8. Well No.

1

9. Pool Name or Wildcat

LOVINGTON DRINKARD

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 K : 2310 Feet From The SOUTH Line and 1650 Feet From The WEST Line
Section 6 Township 17-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3809'

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.

10-25-00/10-26-00: TIH W/50 JTS 5 1/2" 17# L-80 & 139 JTS 5 1/2" 17# J-55 LTC CSG.FLOAT @ 8265'. DV TOOL @ 5815'. CMT 1ST STG W/600 SX 50/50 POZ C, 2% GEL, 5% SALT, 1/4# FLOCELE @ 14.2 PPG. LAND PLUG @ 8265'. OPEN DV TOOL @ 5815'. CIRC THRU DV TOOL W/RIG PUMP 12 BBL CMT RETURNED TO PIT. CMT 2ND STG W/600 SX 35/65 LEAD @ 12.4 PPG. FOLLOWED BY 200 SX 50/50 POZ @ 14.2 PPG. CIRC 200 SX TO SURF. NDBOP. CUTOFF, NU & TEST WH. JET & CLEAN PITS. REL RIG @ 1330 HRS 10-25-00. RIG DOWN.

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 10/27/00

Telephone No. 397-0405

TYPE OR PRINT NAME

J. Denise Leake

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

DeSoto-Nichols 12-93 ver 1.0