

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 31727
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	TG-314694
7. Lease Name or Unit Agreement Name	VAN ETEN, L.
8. Well No.	13
9. Pool Name or Wildcat	Weir Blinberry
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3541' GR

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 ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter K : 1653 Feet From The SOUTH Line and 2307 Feet From The WEST Line
Section 9 Township 20-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541' GR

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: COMPLETE THE ABO FORMATION ☒

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.

AS DISCUSSED WITH CHRIS WILLIAMS, 1-21-98, TEXACO INTENDS TO COMPLETE THE ABO FORMATION AND TEST THE WELL UNDER A PACKER. IF THE WELL APPEARS PRODUCTIVE IN THE ABO, A PLUG WILL BE SET IN THE PACKER. AT THIS TIME, THE TUBB INTERVAL WILL BE SQUEEZED OFF.

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 1/21/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE AUG 16 1998

CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY