## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-163 Revised 1-1-89

CONDITIONS OF APPROVAL, IF ANY:

| DISTRICT   P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DI P.O. Box 2088                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WELL API NO.                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| DISTRICT II Santa Fe New Mexico 87504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2088                                                                                                                                   |
| FAX DISWIT DU, ARISSI, NM 86210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. Indicate Type of Lease STATE FEE X                                                                                                  |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6. State Oil & Gas Lone No.                                                                                                            |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G BACK TO A  7. Lease Name or Unit Agreement Name L. VAN ETTEN                                                                         |
| 1. Type of Well:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E. VALETIEN                                                                                                                            |
| OEL C GAS OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |
| 2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Well No.                                                                                                                            |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9. Pool name or Wildont                                                                                                                |
| P. O. Box 3109 Midland, Texas 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | **                                                                                                                                     |
| 4659 - COURT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ine and 2307   Feet From TheWEST Line                                                                                                  |
| Section 9 Township 20-SOUTH Range 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | '-EAST NMPM LEA County                                                                                                                 |
| 10. Blevation (Show whether DF, RKB,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RT, GR, etc.)                                                                                                                          |
| GR-3541', KB-3555'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                        |
| 11. Check Appropriate Box to Indicate Nature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUBSEQUENT REPORT OF:                                                                                                                  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DIAL WORK ALTERING CASING                                                                                                              |
| TEMPORARILY ABANDON CHANGE PLANS COMM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ENCE DRILLING OPNS. PLUG AND ABANDONMENT                                                                                               |
| PULL OR ALTER CASING CASIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G TEST AND CEMENT JOB                                                                                                                  |
| OTHER: OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRODUCTION CASING                                                                                                                      |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give per work) SEE RULE 1103.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |
| **WEIR BLINEBRY, MONUMENT TUBB, WILDCAT BELOW TUBB.  1. DRILLED 7 7/8 HOLE TO 7875'. TD @ 1:30pm 10-18-92.  2. SCHLUMBERGER RAN GR-DIL-LSS-CAL AND GR-CNL-LDT-NGT-C/7859' TO 5000'. PULLED GR-CNL TO SURFACE.  3. RAN 5 1/2, LTC CASING (24 JTS OF 17# WC70, 40 JTS FO 17# RAN 28 CENTRALIZERS. DV TOOL @ 4809'.  4. DOWELL CEMENTED: 1st STAGE - 250 SACKS 35/65 POZ CLASS 1.87cf/s). F/B 600 SACKS 50/50 POZ CLASS H w/ 2% GEL, 5% S/DV TOOL @ 10:45am 10-20-92. CIRCULATED 100 SACKS. 2nd STAG 5% SALT, 1/4# FLOCELE (12.8ppg, 1.87cf/s). F/B 100 SACKS CL 00pm 10-20-92. CIRCULATED 85 SACKS.  5. INSTALL WELLHEAD & TESTED TO 2000#.  6. ND. RELEASE RIG @ 2:30am 10-21-92.  7. PREP TO COMPLETE. | WC50, 126 JTS OF 15.5# J-55) SET @ 7875'.  6 H w/ 6% GEL, 5% SALT, 1/4# FLOCELE (12.8ppg,  ALT, 1/4# FLOCELE (14.2ppg, 1.28cf/s). OPEN |
| I hereby cartify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |
| MONATURE C.P. Basham/cwx TITLE DRILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ING OPERATIONS MANAGER DATE 10-21-92                                                                                                   |
| TYPEORPRINT NAME C. P. BASHAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>ТЕГЕННОМЕ NO.</b> 915-6884620                                                                                                       |
| (This space for State USIRIGINAL SIGNED BY JERRY SEXTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 207.0                                                                                                                                  |
| DISTRICT I SUPERVISOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 26. 93 LOO                                                                                                                             |
| APPROVED BY TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                                                                                   |

RECEIVED OCT 2 & 1992

CAD NOSEE COTTO