

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. 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.<br>30 025 31727                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>- - -                                                               |
| 7. Lease Name or Unit Agreement Name<br>L. VAN ETTEN                                                |
| 8. Well No.<br>13                                                                                   |
| 9. Pool name or Wildcat<br>- - -                                                                    |

|                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                                       |  |
| 2. Name of Operator<br>TEXACO EXPLORATION AND PRODUCTION INC.                                                                                                                                                                  |  |
| 3. Address of Operator<br>P. O. Box 3109 Midland, Texas 79702                                                                                                                                                                  |  |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1653</u> Feet From The <u>SOUTH</u> Line and <u>2307</u> Feet From The <u>WEST</u> Line<br>Section <u>9</u> Township <u>20-SOUTH</u> Range <u>37-EAST</u> NMPM <u>1EA</u> County |  |
| 10. Elevation (Show whether DP, RKB, RT, GR, etc.)<br>GR-3541', KB-3555'                                                                                                                                                       |  |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                |                                           |                                                                |                                               |
|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                         | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>               | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |                                           | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |                                               |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: INTERMEDIATE CASING <input checked="" type="checkbox"/> |                                               |

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.

\*\*WEIR BLINEBRY, MONUMENT TUBB, WILDCAT BELOW TUBB.

1. DRILLED 11 inch HOLE TO 4000'. TD @ 7:15pm 10-06-92.
2. RAN 21 JTS OF 8 5/8, 32#, J-55 AND 71 JTS OF WC-50, LTC CASING SET @ 4000'.
3. DOWELL CEMENTED WITH 1400 SACKS 35/65 POZ CLASS H w/ 6% GEL, 5% SALT & 1/4# FLOCELE (12.8ppg, 1.87cf/s). F/B 250 SACKS CLASS H w/ 2% Cacl2 (15.6ppg, 1.19cf/s). PLUG DOWN @ 10:00am 10-07-92. CIRCULATED 150 SACKS.
4. INSTALL WELLHEAD & TESTED TO 1200#.
5. NU BOP & TESTED TO 3000#.
6. TESTED CASING TO 1500# FOR 30 MINUTES FROM 7:15am TO 7:45am 10-08-92.
7. WOC TIME 20 3/4 HOURS FROM 10:00am 10-07-92 TO 7:15am 10-08-92.
8. DRILLING 7 7/8 HOLE.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C.P. Basham / cwb TITLE DRILLING OPERATIONS MANAGER DATE 10-12-92

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY 10-12-92 TITLE 10-12-92 DATE 10-12-92

CONDITIONS OF APPROVAL, IF ANY: