

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-34770
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	Lease Name or Unit Agreement Name Texaco '20'
Name of Operator Me-Tex Oil & Gas, Inc.	Well No. 1
Address of Operator P.O. Box 2070, Hobbs, NM 88240	Pool name or Wildcat Wildcat
Well Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>FSL</u> Line and <u>1980</u> Feet From The <u>FWL</u> Line Section <u>20</u> Township <u>19</u> Range <u>20S</u> 37E NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3627 GR	

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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 OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

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.

1.) Spudded 10:30 pm, 12/04/99.

2.) Set 8-5/8" Csg., 31 Jts. 24#/ft, K55. Set at 1,349'. Cemented with 500 sxs. Class "C" cmt., 4% gel, 2% CaCl<sub>2</sub>, 1/4#/sx. cello-flakes, tail-in with 200 sxs. class "C" cmt. with 2% CaCl<sub>2</sub>. Circulate to surface 125 sxs. cement. Plug down at 6:30 am 12/05/99. Test 8-5/8" csg. with 500 psi.

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

SIGNATURE Tonia Harper TITLE Production Clerk DATE 12-08-99  
TYPE OR PRINT NAME Tonia Harper TELEPHONE NO. 505-397-7750

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TITLE DATE 12-8-1999  
CONDITIONS OF APPROVAL, IF ANY:

