Submit 3 copies to Appropriate

State of New Mexico

Form C-103 -89

District Office	/, minerals and Natural Resources Departme		
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION	Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 88240		WELL API NO.	
DISTRICT II	P.O. Box 2088	30-025-33989	
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease	
DISTRICT III		STATE STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil / Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WELLS		
I (DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK:	TO 7. Lease Name or Unit Agreement Name	
UIFFERENT RESER	RVOIR. USE "APPLICATION FOR PERMI -101) FOR SUCH PROPOSALS.	E. H. B. PHILLIPS C	
1. Type of Well: OIL GAS WELL WELL		L. III D. I IIILLIF'S C	
2. Name of Operator	— OTHER		
TEXACO EXF	PLORATION & PRODUCTION INC.	8. Well No. 2	
3. Address of Operator P.O. Box 210	0. Denver Colorado 80201	9. Pool Name or Wildcat	
4. Well Location		ABO	
Unit Letter <u>H</u> :	1980 Feet From The NORTH Line and 660	Feet From The <u>EAST</u> Line	
Section 10	Township 20-S Range 37-E	NMPM LEA COUNTY	
	10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-	3556', KB-3569'	
11. Check Ap	propriate Box to Indicate Nature of Notice, Re	eport or Other Data	
NOTICE OF INTENTIO	N TO	SUBSEQUENT REPORT OF:	
	DI HO AND ADAMS ON		
TEMPORARIUM		☐ ALTERING CASING	
	CHANGE PLANS COMMENCE DRILLIN	IG OPERATION PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND C	CEMENT JOB	
OTHER:	OTHER:	PRODUCTION CSG.	
 Describe Proposed or Completed Ope proposed work) SEE RULE 1103. 	rations (Clearly state all pertinent details, and give pertin		
, ,			
1. DRILLED 7 7/8 INCH HOLE TO 740	0'. TD @ 4:15 AM 03-17-98.		
2. SCHLUMBERGER LOG PLATFORM EXPRESS: PULL 7400' TO 2400', GR - CNL 7400' - 0'. 3. RAN 168 JOINTS OF 5 1/2 INCH 15 5# 50 AND LOGS TO CAONIO OFF P. CNL 7400' - 0'.			
3. 1901 100 JUNI 13 OF 3 1/2 INCH. 15.5# 50 AND LS65 LTC CASING SET @ 7400			
4. DOWELL CEMENTED: 1ST STAGE - 500 SACKS 50/50 POZ CLASS HW/ 2% GEL, 5% SALT, 1/4# FLOCELE (14.2 PPG, 1.33 CF/S). CIRCULATED 50 SACKS. 2ND STAGE - 1213 SACKS 35/65 POZ CLASS H W/ 2% GEL, 5% SALT, 1/4# FLOCELE (12.4 PPG, 2.10 CF/S). F/B 102 SACKS 50/50 POZ CLASS H W/ 2% GEL, 5% SALT, 1/4# FLOCELE (12.4 PPG, 2.10 CF/S).			
	H W/ 2% GEL, 5% SALT, 1/4# FLOCELE (14.2 PPG, 1.	1% SALT, 1/4# FLOCELE (12.4 PPG, 2.10 CF/S).	
		00 01 707. 1 200 DOVVIN @ 4.30 PM 03-20-98.	
 ND. RELEASE RIG @ 10:30 PM 03- PREP TO COMPLETE. 	20-98.		
S. THE TO COMPLETE.			

I hereby certify that the information above is true and co	mplete to the best of my knowledge and belief.	
SIGNATURE C.P. Bacham SRB TITLE Eng. Assistant.		DATE3/23/98
TYPE OR PRINT NAME	Sheilla D. Reed-High	Telephone No. (303)793-485
(This space for State Use)	S. M. JAMS	
APPROVED CONDITIONS OF APPROVAL, IF ANY:	m nada	ė a
The state of the s	TITLE	DATE