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. 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.
30-025-24755

5. Indicate Type of Lease
STATE ☑   FEE ☐

6. State Oil / Gas Lease No.
547430

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name
NEW MEXICO DQ STATE

1. Type of Well: OIL WELL ☐   GAS WELL ☑   OTHER

8. Well No. 1

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

9. Pool Name or Wildcat
OSUDO MORROW (GAS)

3. Address of Operator
15 SMITH ROAD, MIDLAND, TX 79705

4. Well Location

Unit Letter ___C___ : ___660___ Feet From The __NORTH__ Line and __1980__ Feet From The __WEST__ Line

Section __17__   Township __21S__   Range __35E__   NMPM _____ __LEA__ COUNTY

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

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: CLEAN OUT FILL & ACIDIZE ☑

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.

8-13-01: MIRU. TIH W/WASH TIP ON COILED TBG DN 2 3/8" TBG. TAG BRIDGE @ 11,442. WORK THRU BRIDGE. LOWER TOOLS & TAG @ 11,980. WASH THRU BRIDGE. LOWER TOOLS TO 12,150'. ACIDIZE MORROW PERFS 11,994-11,980 W/2000 GALS GAS WELL ACID.
8-14-01: BLOW WELL DN TO FRAC TANK. FLOWING DOWN SALES.

9-10-01: ON 24 HR OPT. FLOWING 1 BO, 1 BW & 185 MCF.

FINAL REPORT

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

SIGNATURE _(signature)_   TITLE Regulatory Specialist   DATE 1/23/02

TYPE OR PRINT NAME   J. Denise Leake   Telephone No. 915-687-7375