

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. 30 - 025 - 10193
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Baker "B" Lease
8. Well No. 13
9. Pool name or Wildcat Tubb Oil & Gas

SUNDRY NOTICES AND REPORTS ON WELLS
(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: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P.O. Box 730, Hobbs, NM 88241-0730	4. Well Location Unit Letter L : 1980 Feet From The South Line and 990 Feet From The West Line Section 10 Township 22S Range 37E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3409' GL	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER: ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

- MIRU pulling unit. Install BOP.
- TOH w/ rods and pump. Un-seat tubing from Baker Model 'D' Packer and TOH w/ 5900' of 2-3/8" Tbg. Racking 2-3/8" tbg.
- RU Reverse Unit and TIH w/ 3-7/8" bit, and 6 DC's on 2-3/8" tubing. Drill out Baker Model 'D' Permanent Packer set @ 5900'. CO to PBTD @ 6255'.
- TIH w/ 2-3/8" production tbg. and hang tbg. @ 6100', lowest perf @ 6107'. Place well on production.
- Clean up location. RD and release workover rig.

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

SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 5-14-92

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
MAY 18 1992

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: