

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

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| WELL API NO. | 30-025-32224 |
| 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 | G. W. SIMS |
| 8. Well No. | 2 |
| 9. Pool Name or Wildcat | TEAGUE GLORIETA-UPPER PADDOCK, SOUTHWES |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 330g' |

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

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|--|--|
| 1. Type of Well: | OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER |
| 2. Name of Operator | TEXACO EXPLORATION & PRODUCTION INC. |
| 3. Address of Operator | P.O. Box 3109, Midland Texas 79702 |
| 4. Well Location | Unit Letter <u>B</u> : <u>510</u> Feet From The <u>NORTH</u> Line and <u>2080</u> Feet From The <u>EAST</u> Line Section <u>9</u> Township <u>23-S</u> Range <u>37-E</u> NMPM <u>LEA</u> COUNTY |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 330g' |

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: EXTEND DRILLING PERMIT ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

DUE TO DRILLING PRIORITY, THIS WELL WILL NOT BE DRILLED BEFORE THE SEPTEMBER 10, 1995 EXPIRATION DATE. PLEASE EXTEND THIS DRILLING PERMIT AN ADDITIONAL SIX MONTHS.

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

SIGNATURE C. Wade Howard TITLE Eng. Assistant DATE 8/11/95

TYPE OR PRINT NAME C. Wade Howard Telephone No. 688-4606

(This space for State Use) APPROVED BY DATE AUG 16 1995

APPROVED BY TITLE DATE AUG 16 1995

CONDITIONS OF APPROVAL, IF ANY: