

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. 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.  
30-025-32224

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator  
TEXACO EXPLORATION AND PRODUCTION INC.

3. Address of Operator  
P. O. Box 3109 Midland, Texas 79702

7. Lease Name or Unit Agreement Name  
G. W. SIMS

8. Well No.  
2

9. Pool name or Wildcat  
SW TEAGUE, GLORIETA\UP.PADDOCK

4. Well Location  
Unit Letter B : 510 Feet From The NORTH Line and 2080 Feet From The EAST Line  
Section 9 Township 23-SOUTH Range 37-EAST NMPM LEA County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
GR-3309'

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 OPNS. ☐ 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 SPUDDED BEFORE THE FEBRUARY 10, 1995 EXPIRATION DATE.  
PLEASE EXTEND THIS 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 ENGR. ASSISTANT

DATE 01-11-95

TYPE OR PRINT NAME C. W. HOWARD

TELEPHONE NO. 915-6884606

(This space for State Use)

CLERK OF DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

JAN 13 1995

CONDITIONS OF APPROVAL, IF ANY: