

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. 30-025-32379 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-8580 |
| 7. Lease Name or Unit Agreement Name RHODES YATES COOP FED. COM-4 |
| 8. Well No. 2 |
| 9. Pool name or Wildcat RHODES YATES SEVEN RIVERS |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-2980' |

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC. |
| 3. Address of Operator P. O. Box 3109 Midland, Texas 79702 | 4. Well Location Unit Letter <u>D</u> : <u>130</u> Feet From The <u>NORTH</u> Line and <u>1310</u> Feet From The <u>WEST</u> Line Section <u>27</u> Township <u>26-SOUTH</u> Range <u>37-EAST</u> NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-2980' | |

| | |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: REVISED PRORATION UNIT <input checked="" type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

ATTACHED IS FORM C-102 SHOWING THE REVISED 40 ACRE PRORATION UNIT. THIS PRORATION UNIT WAS CHANGED AT THE REQUEST OF DONNA PITZER (N.M.O.C.D.).

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

SIGNATURE C. P. Basham /cwb TITLE DRILLING OPERATIONS MANAGER DATE 03-08-94

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 15 1994