

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.

30-025-34974

5. Indicate Type of Lease

STATE

FEE ☒

6. State Oil / Gas Lease No.

SUNDY 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 PERMIT  
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well OIL ☒ GAS ☐  
WELL WELL OTHER

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter G 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line

Section 8 Township 23-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3324'

7. Lease Name or Unit Agreement Name

DAVIS F B

8. Well No.

7

9. Pool Name or Wildcat

TEAGUE LOWER PADDOCK BLINEBRY N. ASSOC

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPERATION

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

DHC

OTHER:

SUBSEQUENT REPORT OF:

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.

TEXACO INTENDS TO DRILL OUT THE CIBP BETWEEN THE BLINEBRY AND THE TUBB AND DOWNHOLE COMMINGLE THE PRODUCTION.  
THE INTENDED PROCEDURE IS AS FOLLOWS:

- 1) MIRU. INSTL BOP.
- 2) TIH W/BIT & CSG SCRAPER & TAG BOTTOM.
- 3) C/O FILL TO PBTD (5900') & DRILL OUT CMT AND CIBP FR 5990-6010.
- 4) RUN SCRAPER DN PAST TUBB PERFS.
- 5) TIH W/PROD TBG. SET SN @ 6400.
- 6) TIH W/PMP & RDS.
- 7) OPT & DETERMINE PRODUCTION SPLITS.

COPY OF DHC ORDER #0022 ATTACHED

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant

DATE 6/1/01

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

