

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer D-2, 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 20164

5. Indicate Type of Lease

STATE ☒

FEE

6. State Oil / Gas Lease No.

B-1583

7. Lease Name or Unit Agreement Name

NEW MEXICO -BZ- STATE NCT-10

8. Well No.

3

9. Pool Name or Wildcat

3-LINEBRY TUBB DRINKARD

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

WELL ☒

GAS

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

L

1980

Feet From The

SOUTH

Line and 989

Feet From The

WEST

Line

Section 2

Township 25S

Range 37E

NMPM

LEA COUNTY

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

11.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

OTHER

CLEAN OUT & ACIDIZE ☒

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.

6/15/00 MIRU UNSET PUMP, NDWH, NUBOP.

6/19/00 MIRU COIL TBG UNIT. TIH W/BIT, HIP TRIPPER. COIL TBG TO 5000'. ATTEMPT TO BREAK CIRC W/WATER. NO SUCCESS. PULL COIL TBG TO 2500'. ATTEMPT TO BREAK CIRC. NO SUCCESS. TOH W/COIL TBG. LD RDS & TBG. TO P&A WELL.

6/20/00. TIH W/136 JTS 2 1/16" TBG. TIH W/RDS. LD RDS & TBG. RAN 1 JT TBG BACK IN WELL.

6/21/00. RIG DOWN. REL ALL RENTAL EQPT.

WELL WILL BE P&A.

FINAL REPORT

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 9/18/00

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

This space for Date User

APPROVED

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE