State of New Mexico

Submit 3 copies to Appropriate District Office	Energy,erals and Natural Resources Department							Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM DISTRICT II P.O. Box Drawer DD, Artes DISTRICT III			CONSERVA P.O. Box Santa Fe, New M	c 2088	=	WELL API NO 5. Indicate T	30 025 30230	⊠ FEE □
1000 Rio Brazos Rd., Azteo	, NM 8741	0					B-9613	3
(DO NOT USE THIS FOR DIFFE	RM FOR PRO	POSALS	ND REPORTS ON TO DRILL OR TO DE JSE "APPLICATION F DR SUCH PROPOSAL	EPEN OR P	OR PLUG BACK TO A	i	ne or Unit Agreemen LARHIDE DRINKAF	
Type of Well: OIL WELL	⊠ GAS WEL		OTHER					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						8. Well No.	96	-
3. Address of Operator	205 E. Bend	ler, HOBB	S, NM 88240			9. Pool Name	or Wildcat DLLARHIDE TUBB DR	INKARD
4. Well Location				NODI	FIL time and 450	Cook Crown	The MECT	1 for a
Unit Letter	_E :	1480	Feet From The _	NORI	TH_Line and 150	reet From	The WEST	Line
Section 32		_ Townsl	nip24S	R	ange 38E NA	/PM	LEA C	OUNTY
		10. Ele	vation (Show whether	DF, RK	(B, RT,GR, etc.)			
11.	Check A	ppropria	ate Box to Indicat	e Nat	ture of Notice, Repor	t, or Other	Data	
NOTICE OF I	NTENTI	ON TO:			SI	JBSEQUE	NT REPORT	OF:
PERFORM REMEDIAL WORK	_		ND ABANDON		REMEDIAL WORK		ALTERING CASING	3 🗇
TEMPORARILY ABANDON		CHANGE	PLANS		COMMENCE DRILLING OP	ERATION 🔲	PLUG AND ABAND	ONMENT _
PULL OR ALTER CASING					CASING TEST AND CEME	ENT JOB 🔲		
OTHER:					OTHER:	Α	CIDIZE	×
12. Describe Proposed or Cany proposed work) SE 12-29-98: MIRU. UNSEAT FND HLE IN PIC JT. 12-30-98: BLED DN WELL SWAB 15 BBLS DN WELL SWAB 15 BLED DN WELL WH. TIH W/GAS ANCHOR 1-06-99: ON 24 HR OPT. FINAL REPORT	EE RULE 110 PUMP & PO THI W/SON RUNS. BFI LD SONIC	D3. DH W/267 NIC HAMM L @ 4400'. HAMMER KR BARS	RDS & PMP. NDWH. MER TOOL ON 27/8" EFL @ 6500'. TOOL TIH W/MUD . RDS. SPACE OUT 8	NUBO TBG. /	DP. TAG DN @ 6859'. PB1 ACIDIZE PERFS 6420-684 , TBG, TAC. SN @ 6799'.	FD @ 6875'. 16 IS' W/3000 GA TAC @ 5915'.	5' OF FILL. SCANAL	LOG TBG OUT. OP BALL &

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	DATE <u>1/11/99</u>
TYPE OR PRINT NAME J. Denise Leake	Telephone No. 397-0405
(This space for State Use) APPROVED BY PROMAL SIGNED BY OUR STATLE CONDITIONS OF APPROVAL, IF ANY: FOR THE STATLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	DoSoto/Mishole 12 92 use 1 0