

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. 30-025-33952	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name NEW MEXICO 'BZ' STATE NCT-10	
8. Well No. 7	
9. Pool Name or Wildcat JUSTIS BLINEBRY/TUBB-DRINKARD	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3154'	

SUNDRY NOTICES AND REPORTS ON WELL
(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 & PRODUCTION INC.

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

4. Well Location
Unit Letter L 1700 Feet From The SOUTH Line and 330 Feet From The WEST Line
Section 2 Township 25-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3154'

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☒ DHC Percentage Splits

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.

This is a representative sample from the N. M. "BZ" NCT-10 #6 for down hole percentage splits. This will be used until plug back tests and commingled tests are stabilized. Texaco will send in an amended C-103 for the actual splits.

Justis Blinebry is: 56.1

Justis Tubb Drinkard is: 43.9

DHC# R-10371

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

SIGNATURE *Paula S. Ives* TITLE Engineering Assistant

DATE 10/10/97

TYPE OR PRINT NAME Paula S. Ives

Telephone No. 397-0432

(This space for State Use)

APPROVED BY DISTRICT SUPERVISOR TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: