State of New Mexico

Form C-103 Revised 1-1-89

Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

Energ finerals and Natural Resources Department

DISTRICT I	0	IL CONSERV	ATI	ON DIVISION	WELL API NO).		
P.O. Box 1980, Hobbs, NM					30-025-32570			
Santa Fe, New Mexico 87504-2088					5. Indicate T			
P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III						STATE	FEE 🔀	
1000 Rio Brazos Rd., Aztec,	NM 87410				6. State Oil /	Gas Lease No.		
		S AND REPORTS	ON WEI	L				
(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.)						7. Lease Name or Unit Agreement Name		
						AL UNIT		
1. Type of Well: OIL GAS								
WELL - OTHER								
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					8. Well No.	409		
3. Address of Operator P.O. Box 3109, Midland Texas 79702					9. Pool Name	or Wildcat IALMAT / LANGLIE MATTIX		
4. Well Location	, ,,,							
Unit Letter	K:25	DO Feet From The	SOUT	<u> H_Line and 1450</u>	Feet From 1	The WEST Line		
Section 24		wnship 24-S			IPM	LEA COUNTY		
	10	. Elevation (Show wheth	er DF, RK	B, RT,GR, etc.) GR-3331',	KB-3343'			
11.	Check Appro	priate Box to Indic	ate Nat	ture of Notice, Report	, or Other I	Data		
NOTICE OF IN	ITENTION T	O:		SU	JBSEQUE	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLU-	G AND ABANDON	П	REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHA	NGE PLANS		COMMENCE DRILLING OPE	RATION 🖂	PLUG AND ABANDONMEN	- 片	
PULL OR ALTER CASING	Ī		_	CASING TEST AND CEMEN	т Јов 🔯		_	
OTHER:			🗆	OTHER:		IRFACE CASING	\boxtimes	
 Describe Proposed or Coany proposed work) SEE CAPSTAR RIG #8 SPUD 1 RAN 10 JOINTS OF 8 5/8, DOWELL CEMENTED WITSACKS. NU BOP & TESTED TO 12 WOC TIME 18 1/2 HOURS DRILLING 7 7/8 HOLE. 	RULE 1103. 2 1/4 INCH HOL 24#, WC-50, ST TH 250 SACKS (200#,TESTED CA	E @ 8:00 PM 08-11-94. C CASING SET @ 417 CLASS C W/ 2% CACL ASING TO 1200# FOR:	. DRILLEI '. RAN 5 (2 (14.8 PI	D TO 417'. TD @ 11:30 PM CENTRALIZERS. PG, 1.34 CF/S). PLUG DO	1 08-11-94. DWN @ 3:30 /	AM 08-12-94. CIRCULATEI:		
I hereby certify that the information above in SIGNATURE	true and complete to the Cham C. P. E	ADH TITLE		g Operations Mgr.		DATE <u>8/15/94</u> Telephone No. 688-460	8	
						100	-	
(This space for State Use)			ONGE	15: WW. 6-0 5-28 Y	SEXTON	Alio 4 A	4001	
APPROVED BY		TITLE		LOTING TO A STATE) <u>e</u>	AUG 19	1994	

