## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 Copie
to Appropriate District Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II	Santa Fe. New Mexico 87504-2088		30-015-26414
P.O. Drawer DD, Artesia, NM 88210	•	SEP 12'90	5. Indicate Type of Lease  STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		O. J. D.	6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON W	ELLS ARTESIA OFFICE	
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.) (FORM C	7. Lease Name or Unit Agreement Name  MALAGE HARROUN -31-		
1. Type of Well: OIL GAS WELL X	OTHER		
2. Name of Operator TEXACO PRODUCING INC.			8. Well No.
3. Address of Operator		<del></del>	9. Pool name or Wildcat
P. O. Box 3109 Mic	lland, Texas 79702		MALAGA, ATOKA
4. Well Location  Unit Letter _G : _20	12 Feet From The NORTH	Line and	1899 Feet From The EAST Line
Section 31	Township 23-SOUTH	Range 29-EAST	NMPM EDDY County
	///////	her DF, RKB, RT, GR, etc.)	
<i>XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</i>	GR-2943', KB-29		Villaria de Orber Dete
	Appropriate Box to Indica		<del>-</del>
NOTICE OF IN	TENTION TO:	_   508	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	EMENT JOB 🔼		
OTHER:	[	OTHER: INTERMED	IATE CASING
12. Describe Proposed or Completed Open work) SEE RULE 1103.	ntions (Clearly state all pertinent detail	s, and give pertinent dates, incli	uding estimated date of starting any proposed
1. DRILL 12 1/4 HOLE TO 270 2. RAN 61 JTS OF 9 5/8, 36# 3. HALLIBURTON CEMENTED W SACKS CLASS H W/ 2% Cacl2 4. INSTALL WELLHEAD & TES 5. TEST CASING TO 1500# FOI 6. WOC TIME 33 1/2 HOURS. 7. DRILLING 8 3/4 HOLE.	f, K-55, ST&C CASING SET ( / 800 SACKS OF 35/65 PO @ 15.6ppg. CIRCULATED 50 T TO 1000#. NU BOP & TES R 30 MINUTES FROM 12:30	@ 2700'. Z CLASS H w/ 6% GEL ) SACKS. JOB COMPLE T TO 5000#. TO 1:00pm 9-8-90.	. & 5% SALT @ 12.8ppg. F/B 250 TE @ 4:00am 9–7–90.

I header cartify that the informa	tion above is true and complete to the best of my kno	pwiedze and belief.	
SIGNATURE C.P. Ba	shem/cwn		DATE 09-11-90
TYPEORPRENT NAME C. P.	·		TELEPHONE NO. 915-6884620
(This space for State Use)	ORIGINAL SIGNED BY		4000

SEP 1 8 1990