

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-03999

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
B-5943

SUNDRY NOTICES AND REPORTS ON WELLS  
(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

Monstate

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
Texaco Producing Inc.

8. Well No.  
1

3. Address of Operator  
P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat  
Eureka Monument Grayburg San Andres

4. Well Location  
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line  
Section 13 Township 19S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3722' DF

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 OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER:

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.

- 1) MIRU. Pld rods & pmp. Instld BOP. Pld tbg.
- 2) Ran 6-1/4" bit. C/O to 4097'.
- 3) Ran GR-CNL 4097-3050'.
- 4) Perfed OH 50 intervals 2 JSPI 3794-3950'.
- 5) Set packer at 3690'. A/OH 3794-3950' w/5000 gal. 15% NEFE.
- 6) Ran production equipment.
- 7) OPT 10-26-89, P/O BO, 845 MCF.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 11/21/89

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

NOV 28 1989

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: