

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

DISTRICT II
P.O. 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. 30-025-04052
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1961
7. Lease Name or Unit Agreement Name NEW MEXICO J STATE
8. Well No. 3
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3723' DF

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Texaco Exploration and Production Inc.

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

4. Well Location
Unit Letter F : 1983 Feet From The NORTH Line and 1981 Feet From The WEST Line

Section 24

Township 19-S

Range 36-E

NMPM LEA

County

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.

9/11/93 - 9/17/93

1. MIRU, TOH W/ PROD EQUIP. C/O TO 3720'. SET PKR @ 3542', TSTD CSG TO 500#, OK.
2. SET PKR @ 3525', FRACD OH W/ 25,000 GALS 40# LINEAR GEL, 25,000 GALS CO2, AND 154,000# 12/20 OTTAWA SAND. MAX P = 4000#, AIR = 30 BPM.
3. FLOWED WELL BACK. TOH W/ PKR, TAGGED FILL @ 3550' & C/O TO 3800'.
4. RETURNED WELL TO PRODUCTION.
OPT 10/20/93 0 BOPD, 2 BWPD, 466 MCFD

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 12-6-93

TYPE OR PRINT NAME MONTE C. DUNCAN

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 09 1993

CONDITIONS OF APPROVAL, IF ANY: