

DISTRICT I

OIL CONSERVATION DIVISION

WELL APPLICANT NO.	
30-025-05622	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil / Gas Lease No. G4487	
7. Lease Name or Unit Agreement Name STATE J	
8. Well No. 4	
9. Pool Name or Wildcat EUMONT YATES SEVEN RIVERS QUEEN	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3709' GL	

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 2088

P.O. Box Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

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
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 17 Township 19S Range 37E 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: add Eumont pay and frac well ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ 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. RIH WITH RBP AND TEST CASING TO 500#.
2. PERFORATE 2 SPF OVER THE FOLLOWING INTERVAL: 3565'-3600'.
3. SET TREATING PACKER AT 3550'. ACIDIZE PERFS WITH 2500 GALS 15% NEFE AND 1000# ROCK SALT.
4. FRAC PERFORATIONS WITH 27500 GALS 40# LINEAR GEL + 27500 GALS CO2 + 206200# 12/20 SAND.
5. FLOW WELL BACK. PLACE WELL ON TEST.

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 6/8/94

TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0431

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 13 1994
CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY _____
DISTRICT I SUPERVISOR