

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-05736
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-1330
7. Lease Name or Unit Agreement Name Mexico "X" Com
8. Well No. 1
9. Pool name or Wildcat Eumont Yates 7 Rvrs Qn

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 Producing Inc.	
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	
4. Well Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3629 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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 prod. equipment. Cleaned out w/ bit & csg scraper to 3900'.
2. Perfed 5-1/2" csg @ 3510, 11, 21-24, 30-32, 42, 50-56, 77-84, 97-99, 3606-09, 25-28 41, 44, 45 (39 intervals, 78 holes).
3. TIH w/ pkr and set @ 3433. Tstd csg to 500#. OK.
4. Acidized perfs 3510-3645 w/ 3000 gal 15% NEFE. Max press = 2272#. AIR = 7.5 BPM.
5. Fraced perfs w/ 23000 gal 40# linked gel, 23000 gal CO2 and 179,000# 12/20 sand. Max press = 3900#. AIR = 30 BPM.
6. Cleaned out hole. Ran tbg, pump & rods.
7. OPT 11-16-90 0 BOPD, 52 BWPD, 581 MCFD.

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

SIGNATURE Larry D. Ridenour TITLE Engineer's Assistant DATE 11-26-90
TYPE OR PRINT NAME Larry D. Ridenour TELEPHONE NO. 393-7191

(This space for State Use)

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