

OIL CONSERVATION DIVISION

P. O. BOX 2088,
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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.)

OIL WELL GAS WELL OTHER

Name of Operator

Texaco Inc.

Address of Operator

P.O.Box 728, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM

THE West LINE, SECTION 6 TOWNSHIP 20-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name

J.R. Phillips

9. Well No.

5

10. Field and Pool, or Wildcat

Monument Abo

15. Elevation (Show whether DF, RT, GR, etc.)

3566 (GR)

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

- Rig up, pull rods, install BOP, pull tubing.
- Perforate 4" liner w/2 JSPF @ 6782,90,6804,13,25,36,44,64,80,92,6908,20,28,32,49,53,57,67,74,94,7004,12,29,36,45,58,68,77,80,87,93,97,7104,08,23,27,42,50,59,83,97,7214,21,32,40,52,64,70,79,96,7303,12,20,39,60,74,79,85,88. (59 intervals, 118 holes.)
- Acidize w/9000 gal 20% Ne - Fe acid with clay stabilizers in 9 stages using 300# rock salt blocks.
- Swab and evaluate.
- If necessary Frac w/40,000 gal gelled KCL water and 13,200 gal CO2 carrying 3000# 100 mesh sand and 36000# 20/40 sand in 4 stages with rock salt blocks.
- Clean out, run production equipment and return to production.

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

SIGNED [Signature]

TITLE Asst. Dist. Mgr.

DATE 1-15-82

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: