

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.

30-025-05963

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

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 F : 1654 Feet From The North Line and 1602 Feet From The West Line

Section 6 Township 21S 20 Range 37E NMIPM Lea County

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

3574 DF

7. Lease Name or Unit Agreement Name

J. R. Phillips

8. Well No.

10

9. Pool name or Wildcat

Eumont Yates 7 Ry On

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 ☐

FULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING CPNS. ☐

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 production equipment.
2. Ran cmt. ret. set at 2253'. Pumped 150 sxs Class H cmt w/ 2% CaCl2 into perfs 2393- 2660. Sqz perfs to 2000#. Pld out of ret. and left 10' cmt on top.
3. Cut off 5-1/2" csg @ 1503. Pld csg.
4. TIH w/ work string. Tagged cmt @ 2243'. Circ hole w/ 9.5# mud.
5. Spotted 29 sx plug from 1450' to 1550'.
6. TIH w/ work string. Tagged cmt @ 1456.
7. Spotted 35 sx plug from 1090' to 990'. Spotted 10 sx plug from 34' to surface. Installed hole marker. P & A 8-20-90.
Witnessed by R.A. Saddler w/ NMOCD.

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

SIGNATURE

L. D. Ridenour

TITLE Engineer's Assistant

DATE 8-27-90

TYPE OR PRINT NAME

L. D. Ridenour

TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY

R. A. Saddler

TITLE

DATE

08/27/1990

CONDITIONS OF APPROVAL, IF ANY: