| Suomit 3 Copies To Appropriate District Office   | State of New Mexico                          |                                   |  |                                       | Form C-   |
|--|--|-----------------------------------|--|---------------------------------------|---|
| District I   | Energy, Minerals and Natural Resources       |                                   |  | WELL API N                            | Revised March 25,                                   |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II   | OIL CONCEDUATION DIVISION                    |                                   |  | 30-025-                               |   |
| 811 South First, Artesia, NM 88210<br>District III   | OIL CONSERVATION DIVISION 2040 South Pacheco |                                   |  | 5. Indicate T                         | · <del>-</del>                                      |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505                           |                                   |  | STATE                                 |   |
| District IV 2040 South Pacheco, Santa Fe, NM 87505   |  |                                   | .03                                      | 6. State Oil                          | & Gas Lease No.                                     |
| SUNDRY NOTIC   | CES AND REPORTS                              | ON WELLS                          |  | 7. Lease Nam                          | e or Unit Agreement                                 |
| (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.)  | ATION FOR PERMIT (FC                         | JKM C-101) FOR                    | CSUCH                                    | G. W.                                 | Sims  |
| 1. Type of Well:   |  |                                   |  |                                       |   |
| Oil Well  Gas Well  Other  2. Name of Operator   |  |                                   |  | 8. Well No.                           |   |
| Texaco Exploration & Production, Inc.  |  |                                   |  | 0                                     | 3   |
| 3. Address of Operator   |  |                                   |  | 9. Popl/nam                           | e or Wilden Louzer                                  |
| P. O. Box 3109, Midland, Texas 79702   |  |                                   |  | Da West,                              | Blinebry  |
| 4. Well Location   |  |                                   |  | ravacen                               | TISSUC  |
| Unit Letter B :  | 760 feet from th                             | ne North                          | line and1                                | 900 feet                              | from the East                                       |
|  | T 1:   | 226 0-                            |  |                                       | - Country   |
| Section 9 Township 23S Range 37E NMPM Lea County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |                                   |  |                                       |   |
| 10. Elevation (Snow Whether 15K, 10KB, W. CM, etc.)  |  |                                   |  |                                       |   |
| 11. Check A  | ppropriate Box to                            | Indicate Na                       | ture of Notice,                          | Report or Oth                         | er Data   |
| NOTICE OF IN   |  |                                   |  | _                                     | REPORT OF:  |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDO                              | NC XX                             | REMEDIAL WOR                             | ₹K [                                  | ALTERING CASIN                                      |
| TEMPORARILY ABANDON  | CHANGE PLANS                                 |                                   | COMMENCE DR                              | ILLING OPNS.                          | PLUG AND ABANDONMENT                                |
| PULL OR ALTER CASING MULTIPLE CASING TEST CEMENT JOB   |  |                                   |  | ND [                                  |   |
| OTHER:   |  |                                   | OTHER:                                   |                                       |   |
| 12. Describe proposed or comple<br>of starting any proposed work)<br>or recompilation.   | eted operations. (Cle.<br>. SEE RULE 1103. F | arly state all p<br>or Multiple C | ertinent details, a<br>ompletions: Attac | nd give pertinent<br>ch wellbore diag | dates, including estimat<br>ram of proposed complet |
| ** Procedure wrote du  | e to high pr                                 | essure 5                          | 1/2" csg                                 | @ 1380#,                              | well flows at                                       |
| a high water rate.   | Therefore,                                   | recomme                           | end to sque                              | eeze zones                            | s with tubing                                       |
| 1. RU on production  | tha sauce                                    | .ze 75 si                         | re cmt (Bl:                              | inehry) 55                            | 500'-5840' WOC                                      |
| 1. RU on production tbg., squeeze 75 sxs cmt (Blinebry) 5500'-5840' WOC Monitor back-side pressure.  |  |                                   |  |                                       |   |
| 2. Perf 6 holes @ 3600', sqz 50 sxs cmt (Queen) 3600'-3400'. WOC Test,   |  |                                   |  |                                       |   |
| monitor 5 1/2" csg pressure. If flow continues, re-sqz.  |  |                                   |  |                                       |   |
| 3. Perf 6 holes @ 2500', sqz 50 sxs cmt (Yates-B-Salt) 2500-2300 WOC Tac<br>4. Perf 6 holes @ 1200', TOC by Temp Survey, sqz 75 sxs cmt (8 5/8" shoe |  |                                   |  |                                       |   |
| 4. Perf 6 holes @ 1<br>T-Salt) 1200'-10  | 1200°, TOC by                                | remp so                           | irvey, sqz                               | /5 5X5 CI                             | iic (6 3/6 5iiot                                    |
| 5. Cut tbg @ 1000',  | L/D tbg. F                                   | Fill 5 1,                         | /2" csg w/                               | 100 sx cm                             | 1000-Suff.  |
| 6. Install dry hole  |  | ·                                 | ;  | HE COMMISSION                         | ON MUST BE NOTIFIED                                 |
|  |  |                                   | H  | IONK2 - NYIOK -                       | TO THE BICHNING A                                   |
|  |  |                                   | t`                                       | C) HIE ADDOCATE                       | RATIONS FOR THE C-10                                |
| I hereby certify that the information  | <i></i>                                      |                                   |  |                                       | ,   |
| SIGNATURE /- /.  |  |                                   | FACILITY 6                               | NOR.                                  | DATE 8/29/  |
| Type or print name James   | 1. CORB                                      | ITT                               |  |                                       | Telephone No.6884                                   |
| (This space for State use)   |  | ាក់ស្តី (                         | eras Sastan C                            | turi di                               | "\&\  |
| ADDDDAVENDY  |  | THE STATE                         | CAR YER                                  |                                       | AUGDATE   |
| APPPROVED BY Conditions of approval, if any:   |  |                                   |  |                                       | /   |
|  |  |                                   |  |                                       | 1   |

5

de