

OIL CONSERVATION DIVISION

RICT I 30x 1980, Hobbs, NM 88240

RICT II Box Drawer DD, Artesia, NM 88210

RICT III 10 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO. 30 025 32497
5. Indicate Type of Lease STATE [] FEE [x]
6. State Oil / Gas Lease No.
7. Lease Name or Unit Agreement Name HARRISON, B. F. 'B'
8. Well No. 17
9. Pool Name or Wildcat Teague Drinkard Abo North Assoc.

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 [x] GAS WELL [] OTHER

2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator 205 E. Bender, HOBBS, NM 88240

4. Well Location Unit Letter D ; 990 Feet From The NORTH Line and 910 Feet From The WEST Line Section 9 Township 23-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3318'

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: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [x] ALTERING CASING []
COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT []
CASING TEST AND CEMENT JOB []
OTHER: Acidize & jet back w/N2 [x]

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.

8-11-99: MIRU COILED TUBING UNIT. CATCH PLUNGR ON TUBB & SI. SI DRINKARD ABO. INSTL SONIC HAMMER TOOL ON COILED TBG. CLOSE ANNULUS & ACID WASH PERFS W/5000 GALS 15% NEFE VIA SONIC HAMMER TOOL.
8-12-99: OPEN WELL TO SALES LINE W/75 PSI ON TBG. MIRU SWAB UNIT.
8-14-99: OPEN SALES LINE @ 2:00 PM.
8-16-99: MADE 2 SWAB RUNS & TBG WAS DRYU. RIG DOWN SWAB RIG.
8-30-99: ON 24 HR OPT. FLOWING 4 BO, 6 BW, & 448 MCF.
FINAL REPORT

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

SIGNATURE [Signature] TITLE Engineering Assistant DATE 09/01/1999

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR

DATE SEP 22 1999

CONDITIONS OF APPROVAL, IF ANY:

