Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Reviewd 1-1-89

OCT

5 1990

W Appropriate District Office	taragy, mucian and manual resources Department		Revised 1-1-89
DISTRICT P.O. Box 1980, Hobbe, NM 88240		8 REGENED	WELL API NO. 30-015-26414
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		OCT ~2 190	6. State Oil & Gas Leese No.
SUNDRY NOTICES AND REPORTS ON WELLS C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKTOME			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name MALAGE HARROUN -31-
1. Type of Well: OL GAS WILL WILL X	OTHER		
2. Name of Operator TEXACO PRODUCING INC.		8. Well No.	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702			9. Pool same or Wildoxt MALAGA, ATOKA
4. Well Location This Letter G : 20	12 Feet From The NORTH	Line and	1899 Rect From The EAST Line
Section 31	-		NMPM EDDY County
	10. Elevation (Show whether) GR-2943', KB-2969'	DF, RKB, RT, GR, etc.)	WILLIAM EDGT
11. Check	Appropriate Box to Indicate N		eport, or Other Data
NOTICE OF IN	FENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB K
OTHER:		OTHER: INTERMEDIA	ATE CASING
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	tions (Clearly state all pertinent details, an	l nd give pertinent dates, inclu	ding estimated date of starting any proposed
3. RAN 113 JTS OF 7, 26#, S 4. HALLIBURTON CEMENTED: 1 10% HR-4 @ 12.8ppg. F/B 20 CIRCULATED 91 SACKS. 2nd S 8ppg. CLOSE DV @ 11:30am S 5. INSTALL WELLHEAD & TES 6. TEST CASING TO 4000# FO 7. WOC TIME 36 1/4 HOURS F	& GR-ZDL-CNL-CAL FROM 105 -95 AND 127 JTS OF 7, 26#, st STAGE - 800 SACKS 35/65 0 SACKS CLASS H w/ 2/10% H	P-110, LT&C CASIN 5 POZ CLASS H w/ (HR-7 @ 15.6ppg. OF CCASS H w/ 6% (CCS. TO 10000#. TO 11:15pm 9-28-1:45pm 9-28-90.	G SET @ 10500'. DV TOOL @ 5296'. B% GEL, 5% SALT, 1/4# FLOCELE & 3/ PEN DV @ 4:00am 9-27-90. GEL, 5% SALT & 1/4 # FLOCELE @ 12.
I hereby certify that the information above is to	ne and complete to the best of my knowledge and	ballar. DRILLING SUPERIN	ITENDENT DATE 10-01-90
TYPE OR PRINT NAME C. P. BASHAM			TELEPHONE NO. 915-688462
(This space for State Use) ORIGI	NAL SIGNED BY		

_ TITLE -

MIKE WILLIAMS

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR, DISTRICT IT