## State of New Mexico

District Office	cherg herals and N	atural Resources Department	<i>}</i>	Form C-103
<u>DISTRICT '</u>	OIL CONSERV	ATION DIVISION		Revised 1-1
P.O. Box 1380, Hobbs, NM 88240		Box 2088	1	
DISTRICT II	0-1	Mexico 87504-2088	30-015-284	120
P.O. Box Drawer DD, Artesia, NM 8821 DISTRICT III	0	WOXIOO 07304-2000	5. Indicate Type of Lease STA	TE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	J		6. State Oil / Gas Lease No.	
SUNDRY NOT	ICES AND PEROPES O	N WELL	B-	1306
DIFFERENT RESER	POSALS TO DRILL OR TO D VOIR. USE "APPLICATION -101) FOR SUCH PROPOS	DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agree	ement Name
1. Type of Well: OIL GAS WELL WELL	OTHER	SIP, 0 ÷ 1998		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.		8. Well No.		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240		9. Pool Name or Wildcat		
4. Well Location			NASH DRAW-BRUS	HY CANYON
Unit Letter N :	660 Feet From The	SOUTH Line and 1980	Feet From The WEST	Line
Section 19	Township 23-S	Range <u>30-E</u> NN	MPMEDDY	COUNTY
		or DF, RKB, RT,GR, etc.) 3041' GR		
11. Check Apr	· · · · · · · · · · · · · · · · · · ·			
NOTICE OF INTENTION		ate Nature of Notice, Repor		
		l	JBSEQUENT REPOR	T OF:
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	SING
	CHANGE PLANS	COMMENCE DRILLING OPE	<u> </u>	ANDONMENT
OTHER:		CASING TEST AND CEMEN	11 YOB	
12				
<ol> <li>Describe Proposed or Completed Operany proposed work) SEE RULE 1103.</li> </ol>	rations (Clearly state all pe	ertinent detai s, and give pertiner	nt dates, including estimated	date of starting
5/16/96				
1. MIRU, TOH W/ RODS & PUMP. INSTA	LLED BOP, TOH W/ PROD	DUCTION TUBING.		
<ol> <li>SET TREATING PKR, LOADED BS &amp; T. 15% NEFE HCL, AIR = 4 BPM.</li> </ol>	STD CSG, HELD OK. ACID	DIZED PERFS FROM 6976'-7012'	W/ 4,000 GALS	
3. SCALE SQZD W/ 200 GALS XYLENE, C	VERFLUSHED W/ 130 2 %	KCL WATER. SION.		
4. TOH W/ TREATING PKR. SWABBED B	BACK LOAD. TIH W/ PROD	DUCTION EQUIPMENT & RETUR	NED WELL TO PRODUCTIO	·N
OPT 5/29/96 PUMPING BY ROD PUMP: 96				
(INTERNAL TEPI STATUS REMAINS PM)	·			
(IIII E IIII E I I I I I I I I I I I I I				
I hereby certify that the information above is true and complete to	o the best of my knowledge and but a	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE TATAL		Enar Asst		

DATE <u>9/3/96</u> TYPE OR PRINT NAME Monte C. Duncan Telephone No. 397-0418 ORIGINAL MOMED BY THE W. GUM

District a supervisor APPROVED BY\_

DATE SEP 1 2 1996