

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.

30-025-34603

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

C. H. WEIR 'B'

8. Well No.

11

9. Pool Name or Wildcat

SKAGGS/ABO

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 ☐ GAS WELL ☐ OTHER

2. Name of Operator

TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator

P.O. Box 3109, Midland Texas 79702

4. Well Location

Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line

Section 11 Township 20-S Range 37-E NMPM Lea COUNTY

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

3561'

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:

Total Depth 7650' instead of 7600'. ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILL OPERATIONS ☐

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.

Total Depth will be 7650' instead of 7600'.

Cementing Program:

Surface Casing: 660 Sacks Class C w/4% Gel, 2% CC (14.8 PPG, 1.33 CF/S, 6.3 GW/S).

Production Casing: 1st Stage: 540 Sacks 50/50 Poz H w/2% Gel, 5% Salt, 1/4# FC (12.8 PPG, 1.94 CF/S, 11.9 GW/S). F/B 35 Sacks 50/50 Poz H w/2% Gel, 5% Salt, 1/4# FC (14.2 PPG, 1.35 CF/S, 6.3 GW/S).

DV Tool @ 5200': 2nd Stage: 235 Sacks 35/65 Poz H w/6% Gel, 5% Salt, 1/4# FC (14.2 PPG, 1.35 CF/S, 6.3 GW/S). F/B 95 Sacks 50/50 Poz H w/2% Gel, 5% Salt, 1/4# FC (12.8 PPG, 1.94 CF/S, 11.9 GW/S).

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

SIGNATURE

A. Phil Ryan

TITLE

Commission Coordinator

DATE

5/17/99

TYPE OR PRINT NAME

A. Phil Ryan

Telephone No.

688-4606

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY JUDITH WILLIAMS
DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: