Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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. 3002526906

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. B-1431

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

7. Lease Name or Unit Agreement Name: Myers Langlie Mattix Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

2. Name of Operator: Texaco Producing Inc.

8. Well No. 41

3. Address of Operator: P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat: Langlie Mattix SR-Q-N GB

4. Well Location
Unit Letter O : 660 Feet From The South Line and 1880 Feet From The East Line

Section 30 Township 23-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3327' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT 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 CEMENT JOB ☐	
OTHER: Place on Production ☒		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.

1) RUPU. Install BOP. TOH w/2-3/8" tbg & pkr.
2) TIH w/WS. C/O to PBTD 3679'. Spot 150 gal 15% NEFE across perfs 3516-3656'. TOH.
3) TIH w/pkr. Set @ 3400'. A/w/3000 gal 15% NEFE w/20 BS's. AIR 5 BPM. Max P-5500#. S/residue. TOH.
4) Frac perf dn 5-1/2" csg w/40,000 gal w/192,000 10/20 sand 25 BPM. Max P-1700#.
5) TIH. W/O to PBTD. TOH w/WS.
6) TIH w/2-3/8" prod tbg & pmp. Place on production.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 12/05/89

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505)393-7191

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 08 1989

CONDITIONS OF APPROVAL, IF ANY: