

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.

30-015-23757

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Texaco Producing Inc.

8. Well No.

1

3. Address of Operator

P.O. Box 730, Hobbs, NM 88240

9. Pool name or Wildcat

Malaga Atoka

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1880 Feet From The West Line

Section 6 Township 24S Range 29E NMPM Eddy County

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

2954' GR

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 ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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.

- 1) MIRU. NU Hydraulic BOP/Choke Manifold. TOH w/tbg. & pkr. Recover perforating gun.
- 2) TIH w/tbg & pkr. Spt 100 gals 7-1/2% acetic acid 11,950-12,010'. PSA 11,830'.
- 3) Swab fld dn to 3000'. ND BOP. NU tree.
- 4) Perf Atoka 11,981-91' w/2 JSPF.
- 5) Swab well in.
- 6) If necessary acidize perfs 11,981-12,150' w/3000 gals 15% NEFE.
- 7) Place on production.

RECEIVED

MAY 17 '90

C. L. D.
ARTESIA, OFFICE

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

SIGNATURE

L. D. Ridenour

TITLE

Engineer's Assistant

DATE 05/17/90

TYPE OR PRINT NAME

L. D. Ridenour

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

MAY 21 1990

CONDITIONS OF APPROVAL, IF ANY: