Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89 =15F

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-21497
DISTRICT II P.O. Drawer DD, Artesia, NM 98210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410	)	>±2 ± 7 1992 ⊙. c. d.	6. State Oil & Gas Lease No. K-5017
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 Todd 2 State
i. Type of Well: OL GAS WELL X WELL	OTHER		
2. Name of Operator			8. Well No.
Texaco Exploration and I	Production Inc.		1
3. Address of Operator			9. Pool name or Wildcat
	s. NM 88240		ingle Wells Delaware
4. Well Location  Unit LetterF :	1980 Feet From The North	Line and	1980 Feet From The West Line
	Township 245 R	mme 31F	NMPM Lea
Section 2	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	V/////////////////////////////////////
	3475'DF		
	k Appropriate Box to Indicate NTENTION TO:		eport, or Other Data SEQUENT REPORT OF:
		DE145044 11004	T ALTERNO CASINO
PERFORM REMEDIAL WORK	PLUG AND ABANDON L.	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	_
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB L
OTHER:		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) Set RBP @ 8150', spot 10'sand on RBP 2) Spot 200 gal 10% acetic 8000-8100' 3) Perf Brushy Canyon 8000-8190' w/2 JSPI How with RB? at 8150' 4) Set packer @ 7850' 5) Acidize perfs w/1500 gal 15% NEFE, check shows 6) Frac w/25K gal 30# borate x-link 2% KCL gel w/74K# 20/40 Ottowa sand & 20K 20/40 resin coated sand 7) Flow/swab returns, retrieve RBP 8) Return to production			
I hereby certify that the information above	is true and complete to the best of my knowledge an	Fnar Asst	DATE 09-14-92
SIGNATURE		TLE	TELEPHONE NO.397-0426
TYTE OR PRINT NAME LW JO	nnson		
MES	GINAL SIGNED BY TO WILLIAMS		OCT № 2 1992
50)	PERVISOR, DISTRICT II 💨 🕌	T1 D	DATE