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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT I P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

WELL API NO. 30 025 30825
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil / Gas Lease No. B-9613

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 [X] GAS WELL [] OTHER []
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator 205 E. Bender, HOBBS, NM 88240
4. Well Location Unit Letter J : 2577 Feet From The SOUTH Line and 2510 Feet From The EAST Line Section 32 Township 24S Range 38E NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 3199' 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 [] PULL OR ALTER CASING [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [X] ALTERING CASING [] COMMENCE DRILLING OPERATION [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: ACIDIZE & SCALE SQUEEZE [X]

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.
11-9-98: MIRU. POH W/RDS & PMP. LD SNKR BARS. NUBOP. TAG BTM @ 6630'.
11-10-98: SCANALOG OUT TN3. TIH W/SONIC HAMMER TOOL & WTR WSHD PERFS. ACIDIZED PERFS W/2000 GALS 15% NEFE.
11-12-98: MADE 4 SWAB RUNS. LD SONIC HAMMER TOOL. TIH W/PROD TBG. NDBOP & FLANGE UP WH. TIH W/RDS & PMP. PLACE ON PUMP.
11-13-98: RIG DOWN.
11-18-98: ON 24 HR OPT. PUMPED 11 BO, 3 BW, & 43 MCF. GOR-3909. PERFS: 6166-6630' TUBB/DRINKARD. FINAL REPORT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 12/1/98
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)
APPROVED BY DATE
CONDITIONS OF APPROVAL, IF ANY: