State of New Mexico



Form C-103 Revised 1-1-89

DISTRICT I	OI	L CONSERVA	TI	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240		P.O. Box 2088			30-3025-33816		
DISTRICT II Santa Fe New Me				=	5. Indicate Typ		
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					o. maioate typ	STATE 🔀	FEE
DISTRICT III					6. State Oil / G	as Lease No.	
1000 Rio Brazos Rd., Aztec, N							
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.						e or Unit Agreement Name YALTY 'A'	geg fyjsyl i f
Type of Well: OIL WELL	GAS WELL	OTHER					
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					8. Well No.		
Address of Operator P.O. Box 2100, Denver Colorado 80201					9. Pool Name or Wildcat ELLENBERGER		
Well Location Unit Letter	ス3 K : 208	Feet From The	SOU	TH Line and 1880	Feet From T	The WEST Line	<u> </u>
Section 19	Tov	vnship 24-S	F	Range 38-E NN	/IPM	LEA COUNTY	,
sudfer	10	Elevation (Show whether DR	, RKB	, RT,GR, etc.) 3160'		A STATE OF THE STA	* Bullion
11.	Check Appro	priate Box to Indicate	e Nat	ture of Notice, Report	, or Other D	ata	
					UBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	☐ PLU¢	G AND ABANDON		REMEDIAL WORK		ALTERING CASING	Г
TEMPORARILY ABANDON	CHA	NGE PLANS		COMMENCE DRILLING OP	ERATION 🗍	PLUG AND ABANDONMEN	т 🗀
PULL OR ALTER CASING	ī		_	CASING TEST AND CEME	MENT JOB		
OTHER:				OTHER:	INTERM	EDIATE CSG	🗵
3. DOWELL CEMENTED CLASS H NEAT (15.6	LE 1103. LE TO 4200'. 5/8 INCH , 32# W W/ 1000 SACKS PPG, 1.18 CF/S)	C50 , LTC CASING SET 35/65 POZ CLASS H W/ . PLUG DOWN @ 7:05 A	@ 42 '6% G	:00°. GEL, 5% SALT, 1/4# FLOC :27-98. CIRCULATED 79 S	ELE (12.4 PPC	G, 2.14 CF/S). F/B 200 SA	·
 NU BOP AND TESTED TO 2000#. TESTED CASING TO 2000# FOR 30 MINUTES FROM 9:30 AM TO 10:00 AM 01-28-98. WOC TIME 26 HOURS AND 35 MINUTES FROM 7:05 AM 01-27-98 TO 9:30 AM 01-28-98. DRILLING 7.875 INCH HOLE. 							

• •	in above is true and complete to the best of my knowledge and belief. P. Bosham / SRM TITLE En	g. Assistant.	DATE <u>2/3/98</u>
TYPE OR PRINT NAME	Sheilla D. Reed-High		Telephone No. (303)793-4851
(This space for State Use)	ORIGINAL SIGNED BY CHRIS WILLIAMS		MAR UN 1995
ALLIGATO	DISTRICT I SUPERVISOR ROVAL, IF ANY:	_TITLE	DATE