Submit 3 Copies to Appropriate District Office

Energy, I

State of New Mexico rals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

3002507503

WELL API NO.

5.	Indicate Type of Lease STATE	

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O	OR PLUG BACK TO A 7 Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	MIT"
1. Type of Well:	
OIL GAS WELL OTHER	
2. Name of Operator	8. Well No.
Texaco Producing Inc.	3
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 730 Hobbs, New Mexico 88240 4. Well Location	Bowers Seven Rivers
Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u>	Line and2310 Feet From The West Line
Section 31 Township 18S Ran	ge 38E NMPM Lea County
10. Elevation (Show whether L	<i>Y////////////////////////////////////</i>
(/////////////////////////////////////	
	ature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB
OTHER:	OTHER:
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and work) SEE RULE 1103.	give pertinent dates, including estimated date of starting any proposed
4/12/91 - 4/14/91	
1. MIRU Tag'd fill @ 3253'. TOH w/rods, pump	, & tbg.
2. TIH w/pkr. Set @ 3100'. Pmp'd 500 gals. X	vlene followed by 2000 gals. 15% NEFE
acid into 0.H.(3170-3270) & flushed w/17	
max. press. @ 2000@, avg. press. @ 1700#,	AVIR. @ 4.6 BPM.
3. TOH w/tbg. & pkr.	
4. TIH w/prod. equip. RD. OPT'd 5 BO, 7 BW,	TSTM MCF.
I hereby certify that the information above is true and complete to the best of my knowledge and b	diaf.
SIGNATURE 21 A South	Engineer's Assistant 5-3-91
M. C. Dungan	
TYPEOR PRINT NAME M.C. Duncan	ТЕГЕРНО МЕ NO. 393-7191
(This space for State Use)	
	DATE
APPROVED BY TITL	. DATE