

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State Fee

3. State Oil & Gas Lease No.
B-1080-1

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. Unit Agreement Name |
| 2. Name of Operator Texaco Producing Inc. | | 8. Form or Lease Name New Mexico "M" State |
| 3. Address of Operator P.O. Box 728, Hobbs, New Mexico 88240 | | 9. Well No. 5 |
| 4. Location of Well UNIT LETTER <u>D</u> <u>760</u> FEET FROM THE <u>West</u> LINE AND <u>560</u> FEET FROM THE <u>North</u> LINE, SECTION <u>1</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM. | | 10. Field and Pool, or Whdcat Vacuum Wolfcamp |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4010 (DF) | | 12. County Lea |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPWS.
CASING TEST AND CEMENT JOB
OTHER
ALTERING CASING
PLUG AND ABANDONMENT

17. 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.

- MIRU. Pull rods and pump. Install BOP.
- Fish anchor. Clean out to 9915'.
- Acidize perforations 9337'-9349' with 1000 gallons 20% NEFE. AIR 0.6 BPM, Max TP 4750*.
- Acidize perforations 9770'-9960' with 800 gallons 20% NEFE and 110 gallons TH-793 scale inhibitor. AIR 1.8 BPM, Max TP 4300*, ISIP 0.
- Run production equipment. Resume pumping production. On 24 hour OPT 11-20-87, pumped 14 80, 17 BW, GOR 1400, gravity 38.6 from Wolfcamp perforations 9337-9960'.

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

SIGNED A. Gerhardt 393-4031 TITLE Area Superintendent DATE 12-29-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 30 1987

CONDITIONS OF APPROVAL, IF ANY: