State of New Mexico

Form C-103

Submit 3 copies

to Appropriate District Office	Ene	Minerals and Natu	ıral Re	esources Department			sed 1-1-89
DISTRICT I	OIL.	CONSERVA	TIO	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088					WELL API NO.	30-025-20936	
DISTRICT II	c			-	E ladiana T		
P.O. Box Drawer DD, Artesi	a, NM 88210	Santa Fe, New M	exico	0 0 / 3 0 4 - 2 0 0 0	5. Indicate Ty	STATE	FEE [
DISTRICT III					6. State Oil /	Gas Lease No.	
1000 Rio Brazos Rd., Aztec	<u> </u>				***************************************	E-9721	
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.)						ne or Unit Agreement Name	
1. Type of Well: OIL WELL	GAS WELL	OTHER					
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					8. Well No. 2		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240					9. Pool Name or Wildcat LUSK STRAWN		
4. Well Location							
Unit Letter	P ; 885	Feet From The	EAST	Line and 885	Feet From T	he <u>SOUTH</u> Line	
Section 32	Townshi	p 19-S	R	ange <u>32-E</u> NN	//PM	LEA_ COUNT	Y
	10. Elev	ation (Show whether [OF, RK	B, RT,GR, etc.) 3546' DF			
11.	Check Appropriat	e Box to Indicate	e Nat	ure of Notice, Repor	t, or Other [Data	
NOTICE OF INTENTION TO:					JBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND	ABANDON	П	REMEDIAL WORK		ALTERING CASING	П
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING O			RATION	PLUG AND ABANDONME	, I		
				<u></u>		. П	
			11 305				
OTHER:	RETURN TO PRODUCT	ON		OTHER:			니
12. Describe Proposed or Coany proposed work) SE		Clearly state all pert	tinent	details, and give pertine	nt dates, inclu	ding estimated date of s	tarting
THE ABOVE WELL IS CUR. @ 11,338' (CURRENT TEP STRAWN POOL.							

- 1. MIRU. SWAB WELL DRY.
- 2. SPOT 1000 GALS 15% NEFE HCL OVER PERFS FROM 10,661'-10,693'. PUMP 100 GALS 2% KCL WATER TO CLEAN UP WELLBORE.
- 3. SWAB TEST WELL AND RETURN TO PRODUCTION.

-70/~	e and complete to the best of my knowledge and belief. TITLE Engr Asst	DATE 10/24/96 Telephone No. 397-0418		
TYPE OR PRINT NAME	Monte C. Duncan			
(This space for State Use)	The Committee Co	- F3 65 407		
APPROVED BY	<u> </u>	DATE		
CONDITIONS OF APPROVAL, IF A	NY:	DeSate Nichola 11 02 1 0		