Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I DISTRICT II

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 1980, Hobbs, NM 8824U P.O. Box 2088 30-025-20959 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE [DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. E-9721 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" NEW MEXICO CR STATE (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OEL X WELL OTHER 8. Well No. 2. Name of Operator 3 Texaco Exploration and Production Inc. 9. Pool name or Wildcat 3. Address of Operator LUSK DELAWARE Hobbs, NM 88240 P. O. Box 730 4. Well Location WEST 660 Feet From The Line SOUTH 1980 Feet From The Line and County **NMPM** LEA 32-E 19-S Range Township Section 32 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3543' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CHANGE PLANS** TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: CONVERTED TO SWD OTHER: 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. 3/20/93 - 3/23/93 1. MIRU. INSTALLED BOP. 2. TIH W/ INJECTION TBG AND PKR, CIRCD PKR FLUID, SET PKR @ 4474'. 3. LOADED BACKSIDE W/ INHIBITED WATER AND TESTED CASING TO 500 PSI FOR 30 MIN, HELD OK. 4. ESTABLISHED SWD INJECTION RATE OF 2.25 BPM @ 500 PSI. (ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK) 5. RIGGED DOWN & CLEANED LOCATION.

ation above is true and complete to the best of my knowledge and belief. **ENGINEER'S ASSISTANT** 4-5-93 DATE_ _ mue _ SIGNATURE TELEPHONE NO.393-7191 MONTE C. DUNCAN TYPE OR PRINT NAME (This space for State Use) TRECORDS CONTROL BETTERN SERVICES APR 09 1993 有关连接 医自己 计特别 网络原花 TITLE . APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

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