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State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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DATE

OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 8824U WELL API NO. P.O. Box 2088 30-025-26820 Santa Fe, New Mexico 87504-2088 **DISTRICT II** 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE 🔯 FEE 🗌 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-1113-1 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" CENTRAL VACUUM UNIT (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL . WELL X OTHER 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 152 9. Pool name or Wildox 3. Address of Operator P. O. Box 730 Hobbs, NM 88240 VACUUM GRAYBURG SAN ANDRES Well Location WEST SOUTH 660 Feet From The Unit Letter M 760 Feet From The Line Line and ____ County 18-S Range 35-E NMPM Township 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3992' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON **ALTERING CASING** REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB \square **PULL OR ALTER CASING** OTHER: 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. 11/16/92 - 11-24-92 1. MIRU. TOH W/ PROD EQUIP. PERFD 5 1/2" CSG W/ 8 JSPF FR 4650'-4660'. 2. ACIDIZED PERFS FR 4492'-4686' W/ 4000 GALS 15% HCL NEFE. 3. FRACD PERFS FR 4492'-4686' W/ 73,000 GALS 30# SPECTRA FRAC G 1460# ADOMITE REGAIN, 216,000# 16/30 OTTAWA SAND, & 60,000 # SUPER LC SAND. MAX P = 8000#, AIR 42 BPM. C/O FILL TO 4692'. 4. RETURNED WELL TO PRODUCTION. OPT 12/30/92 196 BOPD, 210 BWPD, 61 MCFD I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 1-6-93 **ENGINEER'S ASSISTANT** TITLE SIGNATURE _ TELEPHONE NO.393-7191

_ TITLE _

CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME

APPROVED BY

(This space for State Use)

MONTE C. DUNCAN

CRIGINAL SUBNISH BY JAMEY SEXTON

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