

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

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

DISTRICT III
1000 Rio Brazos Rd., Alamogordo, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL APT NO. 30-025-28560
5. Indicate Type of Lease STATE ☒ FEE ☐
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Monitor (Salt section)

2. Name of Operator
Texaco Producing Inc.

3. Address of Operator
P.O. Box 728 Hobbs, NM 88240

4. Well Location
Unit Letter D : 1074 Feet From The North Line and 388 Feet From The West Line

Section 6 Township 18 Range 35 N-M-P-M Lea County

10. Elevation (Show whether DF, RCB, RT, GR, etc.)
3985 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

Replaces C-103 Filed 4-11-89 & Approved 4-13-89
Estimated Start Date June 1, 1989

- 1) PREPARE WELLHEAD AND MANIFOLD TO CONTROL FLOW.
- 2) RIG UP PULLING UNIT AND INSTALL BOP.
- 3) PULL 1 5/8" DRILLPIPE.
- 4) PULL 2 7/8" TUBING.
- 5) RIG UP SNUBBING UNIT IF NECESSARY.
- 6) RUN BIT AND CLEAN-OUT 8 5/8" CASING TO SHOE AT 1470', POH.
- 7) RUN CEMENT RETAINER AND SET AT 1400'±.
- 8) SQUEEZE 150 SACKS CEMENT BELOW RETAINER.
- 9) STING OUT OF RETAINER AND PUMP CEMENT TO FILL 8 5/8" CASING TO SURFACE.
- 10) CUT OFF WELLHEAD AND SET SURFACE PLUG.
- 11) INSTALL P&A MARKER; CLEAN LOCATION.

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

SIGNATURE Howard E. Smith TITLE Area Superintendent DATE 5-25-89
TYPE OR PRINT NAME Howard E. Smith TELEPHONE NO. 393-4031

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

COORDINATING OFFICE OF APPROVAL, IF ANY:

MAY 30 1989