State of New Mexico

Submit 3 copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

Form C-103 Revised 1-1-89

Ener linerals and Natural Resources Department

<u>DISTRICT I</u>	OIL CONSERVATI	ON DIVISION	WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		30-025-29988
DISTRICT II	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
F.O. Box Drawer DD, Artesia, NW 66210			STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELL			B-3011
(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 (FORM C-101) FOR SUCH PROPOSALS.)			NEW MEXICO Z STATE NCT-1
1. Type of Well: OIL GAS			1
WELL - OTHER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No.
3. Address of Operator 205 E. Bender, HOBBS, NM 88240			9. Pool Name or Wildcat
4. Well Location			VACUUM WOLFCAMP
Unit Letter <u>C : 660</u> Feet From The <u>NORTH</u> Line and <u>2200</u> Feet From The <u>WEST</u> Line			
Section 2 Township 18S Range 34E NMPM LEA COUNTY			
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 4017' GR			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTIC	ON TO:	SI	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	ERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	<u> </u>
OTHER:		OTHER:	ADDED PAY & ACIDIZED
any proposed work) SEE RULE 1103. 5/8/96 - 5/15/96 1. TOH W/ SUB PUMP. CLEANED OUT TO 10,680' (PBTD). 2. PERFD THE VACUUM WOLFCAMP W/ A 4" CASING GUN FROM 10342'-10364', 10572/-10584', 10602'-10630' (2 SPF, 110 HOLES). 3. SET TREATING PKR @ 9944'. TSTD BS W/ 500# FW. ACIDIZED PERFS FROM 9974'-10630' W/ 5000 15 % GALS NEFE W/ BALLSEALERS. MAX P = 6600#, AIR = 6.5 BPM. SI 1 HR, SWABBED BACK LOAD.			
4. TIH W/ ROD PUMP. SET PUMPING UNIT. RETURNED WELL TO PRODUCTION.			
OPT 6/27/96 PUMPING BY SUB PUMP: 15 BOPD, 39 BWPD, 13 MCFD			
(INTERNAL TEPI STATUS: PM)			
I hereby certify that the information above is true and comple			
SIGNATURE WILLEM	TITLE Engr	Asst	DATE 7/12/96
TYPE OR PRINT NAME MO	onte C. Duncan		Telephone No. 397-0418
(This space for State Use)			
APPROVED BY	TITLE		DATE