

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	3002531930
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1306-2
7. Lease Name or Unit Agreement Name	NEW MEXICO -R- STATE NCT-3
8. Well No.	25
9. Pool Name or Wildcat	VACUUM DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	

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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator  
205 E. Bender, HOBBS, NM 88240

4. Well Location  
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line  
Section 1 Township 18-S Range 34-E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1-28-98: MIRU. TOH W/PMP. SCALE HAS IT STUCK ON THE UPSTROKE. NUBOP.  
1-29-98: TOH W/TBG. TIH W/BIT & BAILER. CO TO TD. TOH W/BIT. TIH W/PKR & SET @ 7495'.  
1-30-98: ACIDIZE PERFS W/3000 GALS 15% NEFE & FLSH W/53 BBLs WTR. MAX-0. MIN-0. AIR-4 BPM. ISIP-VAC. TL 217 BBL.  
1-31-98: SCALE SQUEEZE W/3 DRUMS TH 756 & FLSH W/250 BBLs 2% KCL. WELL ON VAC. TOH W/PKR. TIH W/PROD EQPT.  
2-14-98: ON 24 HR OPT. PUMPED 58 BO, 59 BW, & 223 MCFD.  
FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 4/1/98

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

ORIGINAL SIGNED BY CLERK WILLIAMS  
(This space for State Use)  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: