

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.	30-025-31993
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-1306
7. Lease Name or Unit Agreement Name	NEW MEXICO R STATE NCT-3
8. Well No.	26
9. Pool Name or Wildcat	VACUUM BLINEBRY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3987', KB-4001'

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 J : 1980 Feet From The SOUTH Line and 1755 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ 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.

1-28-98: MIRU. TOH W/PMP-STUCK W/SCALE. NUBOP.
1-29-98: TOH W/TBG. TIH W/BIT & BAILER. CO TO TD. TOH W/BIT. TIH W/PKR & SET @ 6625'.
1-30-98: ACIDIZE PERFS W/3000 GALS 15% NEFE. MAX-1650. MIN-0. AIR-4 BPM. TL 150 BBL.
1-31-98: SCALE SQUEEZE W/3 DRUMS TH-756 & FLISH W/200 BBLS 2% KCL.
2-02-98: REL PKR. TIH W/PROD TBG.
2-03-98: RUN PMP & RDS. RTRN TO PRODUCTION.
3-02-98: ON 24 HR OPT. PUMPED 10 BO, 124 BW, & 25 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 CHRIS WILLIAMS
(This space for State Use) DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: