State of New Mexico

0.1 2		State	of New Mexico		
Submit 3 copies to Appropriate District Office	Ene	rgy lerals and N	aturai Resources Departmer	nt	Form C-103
DISTRICT 1	OII	CONSEDA	ATION DIVICIO		Revised 1-1-8
P.O. Box 1980, Hobbs, N	M 88240		ATION DIVISIO	WELL API NO.	
DISTRICT II			3ox 2088	3	0-025-32873
P.O. Box Drawer DD. Art	esia NM 88210	Santa Fe, New	Mexico 87504-2088	5. Indicate Type o	f Lease
DISTRICT III	caia, NIVI GOZIO				STATE 🔀 FEE
1000 Rio Brazos Rd., Azt	ec, NM 87410			6. State Oil / Gas	Lease No.
	SUNDRY NOTICES	AND REPORTS C	N WFI I		B-1306
(DO NOT USE THIS FO	ORM FOR PROPOSALS	OA 7 Lease Name or	Unit Agreement Name		
UIFF	ERENT RESERVOIR.	OR SUCH PROPOS	N FOR PERMIT	NEW MEXICO R	
1. Type of Well: OIL	GAS G	ON SOCH PROPOS	DALS.)	- INCOVINENCO R	STATE NCT-1
WELL		OTHER WATE	R INJECTION		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	16
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name or W	ildcat
4. Well Location				VA	CUUM DRINKARD
Unit Letter	G : 1410	Feet From The	NORTH Line and 2630	Feet From The	EASTLine
Section <u>6</u>	Towns	hip 18-S	Range <u>35-E</u>	NMPM	LEA COUNTY
	10. E	evation (Show wheth	er DF, RKB, RT,GR, etc.) GL-3	3976'	
11.			ate Nature of Notice, Ro		
NOTICE OF	INTENTION TO		·	SUBSEQUENT	
PERFORM REMEDIAL WOR	RK PLUGA	ND ABANDON	REMEDIAL WORK		ERING CASING
TEMPORARILY ABANDON	☐ CHANG	E PLANS	COMMENCE DRILLIN	_	_
PULL OR ALTER CASING				_	G AND ABANDONMENT
			CASING TEST AND (SEMENT JOB	
OTHER:			LJ OTHER:		
7/16/96 - 7/19/96	Completed Operations	s (Clearly state all p	ertinent details, and give pe	rtinent dates, including	estimated date of starting
1. MIRU. INSTALLED BO	OP, RELEASED & TOP	W/INJ PKR. TIH V	V/ BIT, TAGGED FILL @ 786	2', CLEANED OUT TO 80	028' (PBTD).
2. TIH W/ 5 1/2" TREATIN 7300 GALS 15% NEFE	NG PKR ON 2 3/8" WS . HCL. MAX P = 3700#,	& SET PKR @ 7503 AIR = 3.1 BPM. FLI	LOADED CSG TO 500#, C JSHED W/ FW. SI 1 HR, FL	OK. ACIDIZED PERFS FI	ROM 7630'-7946' W/
	PKR. TIH W/ 5 1/2" LC	DC-SET INJ PKR ON	N 242 JTS 2 3/8" IPC TBG C		
4. RETURNED WELL TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B OK.		
OPT 8-2-96 INJECTING 6					
(ORIGINAL CHART ATTA		RT ON BACK)			
(INTERNAL TEPI STATUS		TO STATE OF			
I hereby certify that the information ab	oye is true and complete to the bes	t of my knowledge and belief.			
SIGNATURE // 5	the Comme	TITLE_	Engr Asst	·	DATE 9/20/96
TYPE OR PRINT NAME	Monte C.	Duncan		Tels	enhona No. 397 0418

TITLE

(This space for State Use)

APPROVED BY____

CONDITIONS OF APPROVAL, IF ANY:



