## State of New Mexico

to Appropriate District Office	Energy, unnerals and Na			Form C-103 Revised 1-1-89			
DISTRICT I	OIL CONSERV	<b>AT</b>	ON DIVISION		<u> </u>		
P.O. Box 1980, Hobbs, NM 88	WELL API N						
DISTRICT II P.O. Box 2088					30-025-02241		
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088					Type of Lease STATE ☑	FEE 🗀	
DISTRICT III		6. State Oil	/ Gas Lease No.				
1000 Rio Brazos Rd., Aztec, NI				***************************************	857943		
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.)					me or Unit Agreement N	lame	
1. Type of Well: OIL WELL	GAS OTHER						
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.					89		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Nam VAC	e or Wildcat CUUM GRAYBURG SAN A	ANDRES	
4. Well Location							
			TH Line and 660		The EAST Lin		
Section 36	Township 17S	F	Range 34E NM	1PM	LEA COL	YTAL	
	10. Elevation (Show whethe	er DF, RI	KB, RT,GR, etc.)				
11. Ch	neck Appropriate Box to Indica	ate Na	ture of Notice, Report	t, or Other	Data		
NOTICE OF INT	ENTION TO:		SU	JBSEQUE	NT REPORT OF	<b>=</b> :	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	$\boxtimes$	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION [	PLUG AND ABANDON	IMENT	
PULL OR ALTER CASING						_	
OTHER:		_ 🗆	OTHER:	CLEAN (	OUT & ACIDIZE	🛛	
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.							
5-07-99: TIH & ESTAB CIRC, RI 5-08-99: TIH TO 4696', SPOT 50	ER, DC'S & TBG. ESTAB CIRC. REAM EAM 4490-4710'. CIRC CLN. TIH W/6- DO GALS AMMONIUM BICARBONATE 2'. TP w 4218'. PRESS CSG TO 500 F MS TH-756. ERSIBLE. RIG DOWN.	45' TP ( E. PULL	PKR & TBG TO 4004'.	IZE W/5000 (	GALS 20% NEFE & 200	10# RK SLT	

I hereby certify that the information powe is SIGNATURE	strue and complete to the best of my knowledge and belief.  TITLE Engineering Assistan	nt DATE <u>6/3/99</u>
TYPE OR PRINT NAME	J. Denise Leake	Telephone No. 397-0405
(This space for State Use) ORIGINAL APPROVED BY	STATE OF THE STATE OF	1.33° o 1.20°
APPROVED BY CONDITIONS OF APPROVAL, II	IIILE	DATE

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