## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| no. or cories acceives |  |  |  |
|------------------------|--|--|--|
| DISTRIBUTION           |  |  |  |
| BANTA FE               |  |  |  |
| FILE                   |  |  |  |
| U.S.G.S.               |  |  |  |
| LAND OFFICE            |  |  |  |
| OPERATOR               |  |  |  |

## OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 Revised 10-1-78

| SANTA FE   |                    | l               | SANTA FE,           | NEW          | MEXICO 87501   |                                |                            |                       |  |
|--|--------------------|-----------------|---------------------|--------------|--|--------------------------------|----------------------------|-----------------------|--|
| PILE   |                    |                 |                     |              |  |                                | Sa. Indicate Type of Lease |                       |  |
| U.S.G.S.   |                    | ĺ               |                     |              |  |                                | State X                    | Fee                   |  |
| LAND OFFICE  |                    |                 |                     |              |  |                                | 5, State Oil & Ga          |                       |  |
| OPERATOR   |                    |                 |                     |              |  |                                | 1                          | B 2000 110.           |  |
|  |                    |                 |                     |              |  |                                | B-155                      | mmm.                  |  |
| (DO HOT USE  | SUNDR              | Y NOTICES       | AND REPORT          | SON          | WELLS<br>ACD TO A DIFFERENT RESERVE<br>H PROPOSALB.) | 01R.                           |                            |                       |  |
| 1.   |                    |                 |                     |              |  |                                | 7. Unit Agreemen           |                       |  |
| OIL A GAB OTHER-   |                    |                 |                     |              |  | Central Vacuum Unit            |                            |                       |  |
| 2. Name of Operator  |                    |                 |                     |              |  |                                | 8. Farm or Lease           | Name                  |  |
| TEXACO, In   | •                  |                 |                     |              |  |                                | Central Va                 | cuum Unit             |  |
| 3, Address of Operato  |                    |                 |                     |              |  | <del></del>                    | 9. Well No.                | COOM DITTE            |  |
|  |                    | Nov. Movi       | 00240               |              |  |                                | 89                         |                       |  |
|  | 728, Hobbs         | , New Mex       | 1CO 8824U           |              |  |                                |                            | olupr Wildcat         |  |
| 4. Location of Well  |                    |                 |                     |              |  | 1.0AgCgfglum,cgcgfbgfbgfhgfgca |                            |                       |  |
| UNIT LETTER  | . <u>P</u>         |                 | FROM THESO          | <u>utn</u>   | LINE AND 660   | FEET FROM                      | San Andres                 | mmm                   |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
| t <sub>me</sub> East   | LINE, SECTIO       | 36              | TOWNSHIP            | 17-          | S RANGE 34-E   | NMPM.                          |                            |                       |  |
|  |                    |                 |                     |              | -  |                                | MIIIII                     |                       |  |
| mmm  | THITTE             | 15.             | Elevation (Show i   | vhether      | DF, RT, GR, etc.)                                    |                                | 12. County                 |                       |  |
|  |                    |                 |                     | 3            | 1996' (DF)   |                                | Lea                        |                       |  |
| 16.  |                    | <u> </u>        | D T . I . I .       | N            | Par  | ant on Ott                     | nos Doto                   |                       |  |
|  |                    |                 |                     | ate N        | ature of Notice, Rep                                 |                                |                            |                       |  |
|  | NOTICE OF IN       | ITENTION T      | ·O:                 |              | SUE  | SEQUENT                        | REPORT OF:                 |                       |  |
|  |                    |                 |                     | !            |  |                                |                            | r                     |  |
| PERFORM REMEDIAL W   | ORK X              |                 | PLUG AND ABANDO     | >* []        | REMEDIAL WORK  |                                | ALTER                      | ING CASING            |  |
| TEMPORARILY ABANDO   |                    |                 |                     |              | COMMENCE DRILLING OPHS.                              |                                | PLUG A                     | NO ABANDONMENT        |  |
| PULL OR ALTER CASING   | <del>       </del> |                 | CHANGE PLANS        |              | CASING TEST AND CEMENT .                             | 1Q8 🔲                          |                            |                       |  |
| V 000 0 VIII   | -                  |                 |                     |              | OTHER  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
| OTHER  |                    |                 |                     |              |  |                                |                            |                       |  |
| 17. Describe Propose   | d or Completed Or  | erations (Clear | ly state all pertin | ent deta     | ils, and give pertinent date                         | s, including                   | estimated date of s        | starting any proposed |  |
| work) SEE RULE   |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 | -                   |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  | _                              |                            |                       |  |
| 1.   | RIG UP.            | INSTALL         | BOP. PUL            | L TUI        | BING AND SUBME                                       | RSIBLE                         | PUMP.                      |                       |  |
| 2.   | CLEAN C            | UT TO 47        | 710' (TD)           | •            |  |                                |                            |                       |  |
| 3.   | LOC WEL            | Τ.,             |                     |              |  |                                |                            |                       |  |
|  | CEW DK             | D A 370         | O' ACT              | DTZF         | OPEN-HOLE 4  | 099-47                         | 10' W/15,0                 | 000                   |  |
| 4. SET PKR @ 3700'. ACIDIZE OPEN-HOLE 4099-47 GALS GELLED 15% NEFE HCL ACID IN 4-=STAGES USI |                    |                 |                     |              |  |                                | NG 400# RO                 | OCK                   |  |
|  | GALS G             | *PPED TO        | NETE DI             | ית ע.<br>דדמ | BETWEEN STAGE  | C FI.II                        | SH W/35 BI                 | RT.S                  |  |
|  |                    | ND 400#         | MOTH BA             | פתע          | DEIMEEN SING!  | b. The                         | DII 11/33 D                |                       |  |
|  | WATER.             |                 |                     |              | mmam 1220 DI 3.0                                     | E ON D                         |                            |                       |  |
| 5.   | INSTALI            | , PUMPING       | EQUIPME:            | NT.          | TEST AND PLAC  | E ON P                         | RODUCTION.                 |                       |  |
|  |                    |                 |                     |              |  |                                | •                          |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                | •                          |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    | •               | -                   |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
|  |                    |                 |                     |              |  |                                |                            |                       |  |
| 18 Thereby certify th  | at the information | above is true a | nd complete to th   | e best o     | f my knowledge and belief.                           |                                |                            |                       |  |

District Operations Manager

DATE 12-19-84

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