Ene Minerals and Natural Resources Department

Submit 3 copies to Appropriate District Office

District Office				Revi	sed 1-1-8
DISTRICT I	OIL CONSERVATION	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 208		WELL API NO.	30 005 00050	
DISTRICT II	Comto Co. Marris			30-025-02956	
P.O. Box Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	0 8/504-2088	5. Indicate Type		
DISTRICT III				STATE 🗸	FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil / Ga	s Lease No. 857943	
SUNDRY NOT	TICES AND REPORTS ON WEL	LS		037943	
(DO NOT USE THIS FORM FOR PRO	POSALS TO DRILL OR TO DEEPE	N OR PLUG BACK TO	7. Lease Name	or Unit Agreement Name	<u> </u>
UIFFERENT RESERVICES	RVOIR. USE "APPLICATION FOR F C-101) FOR SUCH PROPOSALS.	PERMI	CENTRAL VA		
1. Type of Well: OIL GAS WELL WELL				OCCUPATION OF THE PROPERTY OF	
	OTHER			·	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.			8. Well No.	86	
Address of Operator 205 E. Bende	er, HOBBS, NM 88240		9. Pool Name or	Wildcat	
4. Well Location			VACUL	JM GRAYBURG SAN ANDR	ES_
Unit Letter O:	690 Feet From The SOUT	ΓΗ Line and 2110	_Feet From Th	ne_EAST Line	
Section 31	Township 17S R	Range 35E NM	PM	LEA_COUNT	ſ
建筑器是 的复数	10. Elevation (Show whether DF, RKB,	RT,GR, etc.)			13
11. Check Ar	propriate Box to Indicate Nat	ure of Notice Report	or Other Da	to	
NOTICE OF INTENTIO		f.			
NOTICE OF INTENTIO	N TO:	ļ SU	BSEQUEN	T REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	✓	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONMEN	т 🗀
PULL OR ALTER CASING		CASING TEST AND CEMEN	_		
OTHER:		OTHER:	CLEAN OUT	AND ACIDIZE	~
 Describe Proposed or Completed Oper proposed work) SEE RULE 1103. 	erations (Clearly state all pertinent de	etails, and give pertinent da	tes, including e	stimated date of starting	
5-25-00: MIRU. NDWH. NUBOP. TIH W/ 5-26-00: TIH W/BIT & BIT SUB ON WS. 5-30-00: ACIDIZE 4356-4691' USING 10 5-31-00: REL PKR. RUN SUB & LAND C	C/O TO 4740', TIH W/TRTNG PKR	TO 3950'. # RK SLT IN GEL BRINE.			

I hereby certify that the information above is SIGNATURE	true and complete to the best of myknowledge and belief. Muse Title Engineering Assistant	DATE 6/19/00
TYPE OR PRINT NAME	J. Denise Leake	Telephone No. 397-0405
(This space for State Use)		A

APPROVED

86 NDITIONS OF APPROVAL IF ANY:

6-01-00: TIH W/BIT & SCRAPER. 6-02-00: TIH W/SUB ON 2 3/8" TBG.

6-12-00: ON 24 HR OPT. PUMPED 35 BO, 901 BW, & 15 MCF. FINAL REPORT

TITLE

DATE

DeSoto/Nichols 12-93 ver 1.0