Submit 3 copies to Appropriate District Office

State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department

District Office		· ·			Kevise	d 1-1-09
DISTRICT I	OIL	CONSERVATI	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88					30-025-21432	
DISTRICT II Santa Fe, New Mexico 87504-2088					of Lease	
P.O. Box Drawer DD, Artesia, NM 88210					STATE 🔀	FEE 🗌
DISTRICT III	NA 07410			6. State Oil / Ga		
1000 Rio Brazos Rd., Aztec, N		ND DEDORTS ON ME	1		B-1565	
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					RIETA WEST UNIT	
1 Type of Well: OIL 57	CAC	ik doci i ikor odala.)	<u></u>			
1. Type of Well: WELL	WELL L	OTHER				
2. Name of Operator TEX	8. Well No.	61				
3. Address of Operator P.C	9. Pool Name or Wildcat					
4. Well Location		VACUUM GLORIETA				
Unit LetterA	:660	Feet From TheNOR	TH Line and 760	Feet From The	EAST Line	
	10. Ele	vation (Show whether DF, R	KB, RT,GR, etc.) 3991' GL			
^{11.} C	heck Appropria	ate Box to Indicate Na	ture of Notice, Report	, or Other Da	ıta	
NOTICE OF INTENTION TO:					T REPORT OF:	
		ID ABANDON	REMEDIAL WORK	_	ALTERING CASING	П
PERFORM REMEDIAL WORK			COMMENCE DRILLING OPE		PLUG AND ABANDONMENT	,
TEMPORATIES ABANDON			CASING TEST AND CEMEN			
1022 011 767611 0760110			OTHER:			П
OTHER:	ADD TAT AND ACIC	<u> </u>	Office.			<u></u> _
 Describe Proposed or Com any proposed work) SEE R 		(Clearly state all pertinen	t details, and give pertiner	nt dates, includir	ng estimated date of sta	irting
1. MIRU. TOH W/ RODS, TB	G, & PMP.					
2. RUN GR/CORRELATION LOG. SET CIBP @ 6071'. PERF W/ 2 SPF FR 6018'-6062' (45 FT - 90 HLES).						
3. LOAD BS W/ FW, TEST TO MAX P= 3800 PSI, AIR = 4			CIDIZE PERFS FROM 6018	3'-6062' W/ 6500	GALS NEFE HCL,	
4. SCALE SQZ W/ 1 DRUM TH-793 IN 10 BFW, OVERFLUSH W/ 150 BFW. TOH W/ PKR.						
5. TIH W/ RODS, TBG, & PMP. RETURN WELL TO PRODUCTION.						

I hereby certify that the information abo	ve is true and complete to the best of my knowledge and belief. TITLE Engr Asst	DATE <u>9/28/94</u>		
TYPE OR PRINT NAME	Monte C. Duncan	Telephone No. 397-0418		
(This space for State Use) APPROVED BY	CACO SHINK CALO REP. II TITLE	SEP 3 0 1994		

RECENTED

SEP 3 0 1994

A Same Comment