

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-30970

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1056-1

7. Lease Name or Unit Agreement Name
NEW MEXICO -Q- STATE NCT-1

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO PRODUCING INC.

8. Well No.
11

3. Address of Operator
P. O. Box 3109 Midland, Texas 79702

9. Pool name or Wildcat
VACUUM GLORIETA

4. Well Location
Unit Letter P : 815 Feet From The SOUTH Line and 800 Feet From The EAST Line

Section 25 Township 17-SOUTH Range 34-EAST NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR-3990', KB-4003'

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: COMPLETING ☒

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.

1. MIRU COBRA UNIT. CLEAN OUT TO PBTD OF 6300'. TEST CASING TO 3000# FOR 30 MINUTES 12-2-90.
2. PENWOOD RAN GR-CCL. PERFD WITH 2 JSPF: 6266' TO 6275'. 18 HOLES. WESTERN ACIDIZED WITH 2200 GAL 15% NEFE. SWAB 59 BLW IN 6 HOURS 12-4-90.
3. TIH WITH 2 7/8 TUBING PUMP & RODS. PUMP 24 HOURS 12-9-90. RECOVERED 143 BNO, 18 BFW & 102 BLW.
4. TESTING.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. P. Basham/cwh TITLE DRILLING SUPERINTENDENT DATE 12-27-90

TYPE OR PRINT NAME C. P. BASHAM

TELEPHONE NO. 915-6884620

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: